



DEAF PEOPLE IN HITLER'S EUROPE

Donna E. Ryan and John S. Schuchman, Editors

PUBLISHED IN ASSOCIATION WITH THE
UNITED STATES HOLOCAUST MEMORIAL MUSEUM

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Preface

Donna F. Ryan

The following collection of essays is the result of several threads of investigation and scholarship woven together at the “Deaf People in Hitler’s Europe, 1933–1945” international conference, which took place in Washington, D.C., on June 21–24, 1998, under the auspices of the United States Holocaust Memorial Museum and the History and Government Department at Gallaudet University.

The research that led to the conference began when the United States Holocaust Memorial Museum opened in April 1993. The Honors Program at Gallaudet University instituted a special interdisciplinary seminar about the Holocaust to coincide with the opening of the museum. Students in the course, taught by Jane Hurst of the Department of Philosophy and Religion and me, struggled to grasp the enormity of the horror by reading historical, literary, and philosophical texts and by visiting the permanent exhibition at the museum. Toward the end of the semester, Lilly Shirey, a deaf Jewish woman who fled Vienna in 1940 with her deaf mother and sister, came to speak to the class. She had been very young at the time of her escape from Austria, but her retelling of her family history touched students deeply. They understood how imperiled they might have been had they lived in Vienna in 1940, the year that forced sterilization policies were imposed in Austria. Survivor stories are always powerful, but the unique experiences of this family, whose escape was complicated by special difficulties dealing with the authorities, had extraordinary meaning for this class of deaf college students.

The reaction from students led to the collaboration that brought about this project. John S. Schuchman, the son of deaf parents and an expert in deaf community history and videotaped historical

interviews with deaf people, agreed to work with me because of my research expertise on the Holocaust. We set out to discover how much research had been done about the deaf experience in Europe during World War II and committed ourselves to trying to get this story the attention it deserved. We hoped to collect extant videotaped interviews with deaf informants and supplement them with new interviews. We learned quickly that the professional oral historians and the deaf community oral historians had little knowledge of or contact with each other. The videotaped interviews with deaf informants at the Fortunoff Archive at Yale University, the Survivors of the Shoah Visual History Foundation, and the United States Holocaust Memorial Museum were conducted carefully by historians who were experts on the Holocaust but who had little knowledge of the deaf community and who usually had to depend on sign language interpreters to communicate. The videotapes of community historians such as Jochen Muhs and Simon Carmel filled in many of those gaps, for the interviewers, themselves members of the deaf community, had the confidence of their informants and the knowledge to pose questions about the experiences of deaf people during the 1930s, including some very sensitive questions about sterilization and the existence of deaf Nazis. But these videotapes were made by individuals working out of their homes and their own pockets, without the benefits that the large oral history projects enjoyed. We hoped to bring these two worlds together to encourage an exchange of information and collaboration.

Between 1993 and 1997, John Schuchman and I undertook several research and speaking trips to Germany, France, Great Britain, the Czech Republic, Hungary, Poland, the Netherlands, Norway, Canada, and several cities in the United States. We learned more about the work of Horst Biesold, a teacher of deaf children whose groundbreaking interviews with deaf German victims of forced sterilization, published in English as *Crying Hands*, is the most authoritative work on the subject to date.¹ In 1994, during the second Deaf History International Conference in Hamburg, Germany, a special exhibition mounted by Vera Bendt and Nicola Galliner on the Israelite Institution for the Deaf in Berlin-Weissensee focused on the impor-

tant role of Jewish schools for deaf children, which also existed in Vienna, Budapest, and London.² Likewise, the work of Jochen Muhs began to highlight the many ways deaf people responded to the dramatic events unfolding around them. Gerhardt Schatzdorfer and Francine Gaudry, producers of the Bayerischer Rundfunk program for the deaf community, *Sehen statt Hören*, were kind enough to share their complete footage of interviews for a special segment on deaf Jewish Holocaust survivors living at the Helen Keller Institute in Tel Aviv, Israel.

Several conferences at the United States Holocaust Memorial Museum Research Institute focused on the activities of doctors and other medical professionals in the Third Reich. They also brought together researchers in the forefront of Holocaust scholarship, including Henry Friedlander, Robert Proctor, Benno Müller-Hill, Gisela Bock, and Patricia Heberer, all of whose work is central to the story of the treatment of people with disabilities, even though they do not focus on deaf people as a separate group. Moreover, the resources of the museum, from the archives and library to its ever-helpful staff, have been of immeasurable help in pulling together this story.

Henry Florsheim, Ruth Stern, Eugene Bergman, David Bloch, and Harry Dunai are among the deaf survivors living in the United States who shared their stories. During our 1997 trip to Hungary, we encountered twelve survivors in Budapest who were willing to share their harrowing and heroic experiences when the Germans arrived in March 1944. After meeting them it was clear that we had to bring together as many of the researchers and survivors as possible. The United States Holocaust Memorial Museum agreed that this was a story that needed to be elucidated and told.

The conference included formal academic presentations as well as witness panels, a screening of the 1932 film *Verkannte Menschen* (*Misjudged People*), an opportunity for deaf Europeans to formally join the Survivors' Registry at the museum, and a moving ecumenical memorial service for deaf Holocaust victims conducted by Fred Friedman, a deaf rabbi, in the Hall of Witness.

After the conference, it seemed appropriate to publish some of the presentations. For formal spoken English-language papers, the

task was simple. But many of the presentations were made in spoken German, German Sign Language, American Sign Language, and Hungarian Sign Language. Moreover, some of the most eloquent and touching moments came during the survivor testimonies. Such panels are not formal presentations and, in this case, there were several sign languages involved, making translation that maintains the tenor of the moment difficult. We have decided to incorporate the testimony in a narrative historical form, as an essay by John Schuchman. A transcript of segments of the interviews appears in the appendix, so that the survivors can also tell their own stories.

While making the selections for this collection, we found some gaps, so we asked for a contribution from Patricia Heberer at the United States Holocaust Memorial Museum. We also obtained permission to use an article that had appeared in the *American Annals of the Deaf* in 1934, and we added a commentary by John Schuchman about the important film *Verkannte Menschen*. Thus, this is an anthology of essays rather than a proceedings from the 1998 conference, although the conference was the impetus for this book.

The names of the many people who made the conference, the research, and this publication possible would fill several pages. Still, we wish to thank some of them. The staff of the United States Holocaust Memorial Museum has been consistently committed to telling the stories of as many victims of the Nazis as possible. We are especially indebted to Sara Bloomfield, Director of the United States Holocaust Memorial Museum; Paul Shapiro, Director of the Center for Advanced Holocaust Studies; Peter Black, Senior Historian at the Center for Advanced Holocaust Studies; Jaime Monllor, Program Officer in the Public Programs Division; Sylvia Kay, Conference Coordinator; and Linda Lazar, Special Events Manager. We especially wish to thank Peter Black for his careful reading of earlier versions of this book and his thoughtful suggestions.

We are also grateful to Israel Sela, the son of deaf parents, who put us in contact with the Hungarian survivors with whom he has worked at the American Jewish Joint Distribution Committee in Budapest. Joann Rudof of the Fortunoff Video Archives at Yale University put the collection of deaf survivor interviews from the

1980s at our disposal and advised us on issues of sensitivity in working with Holocaust survivors. Jessica Wiederhorn of the Survivors of the Shoah Visual History Foundation has taken an interest in this largely unknown story and taken steps to assure that more deaf survivors' testimonies will be preserved by the foundation.

Of course, a project like this is important to Gallaudet University, the sole liberal arts college for deaf students in the world. We wish to thank the Gallaudet Research Institute for much encouragement and for several grants in support of our research and the conference. We are especially grateful to Michael Karchmer, Sally Dunn, and Thomas Allen. We are indebted to Roslyn Rosen, the university provost at the time of the conference, for financial support and complete commitment to the project. The conference could not have happened without the unflagging work of Georgette Lopez, former conference planner for the College of Continuing Education.

We appreciate the support we received from several of our colleagues in the Department of History and Government. Department Chairperson Russell Olson, in particular, worked closely with us for a full year to ensure the success of the conference. We wish to thank several university deans who provided scholarships to allow students to attend the conference. We are much indebted to Jane Dillehay, dean of the College of Liberal Arts, Science, and Technology, who granted release time and financial support for this project.

Finally, we wish to dedicate this work to honor the courageous deaf survivors of Nazi tyranny, whose stories have touched us profoundly, and to remember the many deaf women and men who were in Europe from 1933 to 1945 and did not survive the horror.

Notes

1. Horst Biesold, *Crying Hands: Eugenics and Deaf People in Nazi Germany*, trans. William Sayers (Washington, D.C.: Gallaudet University Press, 1999).
2. For detailed information about the exhibit, see Vera Bendt and Nicola Galliner, eds. *Öffne deine Hand für die Stummen, die Geschichte der Israelitischen Taubstummen-Anstalt, Berlin-Weissensee, 1873 bis 1942* (Berlin: Transit, 1993).

Introduction

Donna F. Ryan

Few images of the past half century have haunted the imagination as much as those emanating from Europe in 1945. Although much information regarding the brutal treatment of minorities and Hitler's political opponents had filtered out of Nazi-controlled Europe between 1933 and 1945, the full horror of the torture and murder of Jews and other concentration camp inmates emerged slowly. For a generation, many Holocaust survivors remained silent about their experiences, with notable exceptions such as Elie Wiesel and Primo Levi.¹ Fear of recurrence, guilt for surviving when so many others did not, a sense that no one wanted to hear about such horrors, and a desire to try to forget kept many quiet. For many years, the Holocaust remained characterized as a uniquely Jewish tragedy.

Scholars in the early years following the war delved into historical records and published painful accounts of the war against the Jews.² Their work was based on an enormous cache of Third Reich archives, the so-called captured German documents. These records were divided among the victors and microfilmed and deposited in Washington, London, and Paris, where they were generally available to historians, and in the former East Germany and Soviet Union, where they have only been open since the 1990s. Postwar trials of Nazi officials in Nuremberg, of Auschwitz criminals during the 1960s in Frankfurt, and of Adolf Eichmann in Jerusalem kept the atrocities of the Holocaust in the public eye.

During the 1970s, a shift in societal awareness took place. Perhaps the increasing interest in social history and the emergence of a consciousness of minority group identity and rights, as exemplified in the civil rights movement in the United States, opened the way

for new investigations into the Holocaust. Popular cultural forms, such as the American television miniseries *Holocaust*, raised public knowledge of the horrors of genocide and spurred a younger generation of Europeans to begin to question its predecessors about their culpability for mass murder.

Simultaneously, historians, lawyers, and other researchers undertook a systematic examination of the gradually emerging historical record from Nazi-occupied countries, such as France, Belgium, and the Netherlands. While the more famous hunters of war criminals, including Simon Wiesenthal in Vienna, and Serge and Beate Klarsfeld in Paris, continued to focus on crimes against the Jews, researchers began to discuss how other groups had also been selected for discrimination, segregation, expulsion, and murder. These groups included Hitler's political enemies—socialists and communists, in particular—and, once the war provided a level of cover for the Nazis' activities, anyone whom they considered to be members of inferior races—including Sinti and Roma, commonly called Gypsies, as well as Poles, Russians, and most other Slavic peoples. Homosexuals, perceived as a threat to the proliferation of the master "Aryan" race, were singled out in Germany for incarceration and murder, as were Jehovah's Witnesses, whose conscientious objection to war was unacceptable in the Third Reich.

For a long time, the actions undertaken against people with disabilities were categorized as peripheral to the Holocaust. That people with physical and cognitive disabilities should be selected for forced sterilization, marriage prohibition, and ultimately extermination was all too logical an outcome of Nazi racial theories and widely held eugenics beliefs. These ideas were popular not only in Germany, but were spearheaded by U.S. medical scientists working in institutions, such as the facility at Cold Spring Harbor, New York, which was richly funded by the Carnegie Institute. German eugenicists of the 1920s and the economic hardships that plagued Germany for over a decade following World War I prepared the way for the passage of the Law for the Prevention of Offspring with Hereditary Diseases in July 1933, only months after Hitler came to power, and the Law for the Protection of the Hereditary Health of the German Nation in

October 1935, only weeks after the Nuremberg Laws forbade Jews to marry outside their own group. But the power of the technologically advanced Nazi state, its commitment to “racial hygiene,” and the camouflage provided by war were all necessary prerequisites for the next stage—the murder of infants and children with disabilities. Soon adults with disabilities would be killed as part of the euphemistically designated “euthanasia” program, also known as the T4 program, so-named because the headquarters for this enterprise were located at Tiergartenstrasse No. 4 in Berlin.

Noted Holocaust scholar Henry Friedlander has shown that the attack on people with disabilities was neither peripheral to nor separate from the “Final Solution of the Jewish Question.”³ Rather it was an integral element in an overarching Nazi theory of racial hygiene to purge the German *Volk* of weak or undesirable elements and permit a purified Aryan people to flourish and dominate Europe and eventually the world. Nazi eugenics practices played on societal prejudice and willingness to deem those who were different as “lives unworthy of life.” Friedlander’s scholarship demonstrates that the measures imposed on people with disabilities, including deaf people, were part of the seamless cloth that enshrouded Europe’s Jews, Roma, and Sinti. Robert Proctor’s essay in this volume documents the central role that doctors and other health care professionals played in determining who should be forcibly sterilized, forbidden to marry, or murdered. People with disabilities died of starvation, lethal injection, and suffocation in gas chambers, all processes overseen and administered by well-established and successful medical professionals, not by a handful of Nazi ideologues. Patricia Heberer’s research shows us that certain cultural assumptions made discrimination against some social groups tolerable to many ordinary Germans, not only the Nazi party faithful.

Many deaf Germans were among the victims of Nazi eugenics policies. Some formed a distinctive deaf community, a cultural minority distinguished by their use of sign language and their membership in separate social, athletic, religious, and political organizations. Some were outspoken champions of their own social justice cause, as painted in the powerful community self-portrait in Wilhelm

Ballier's 1932 film, *Verkannte Menschen (Misjudged People)*. This propaganda piece, discussed in this volume by film and deaf community historian John S. Schuchman, is a plea for equal opportunities for deaf workers and professionals, and a demand for respect for German Deaf culture. Despite the fact that *Misjudged People* depicted deaf people as hard working and athletic—traits prized in Nazi culture—by 1934, such a positive representation of people who were targeted for sterilization was unacceptable, and Goebbels's propaganda ministry pulled it from circulation.

From the work of Jochen Muhs, a deaf community historian recovering the history of deaf Berliners since the nineteenth century, we know that the actions of deaf people during the Nazi era were complicated and contradictory. Horst Biesold estimates that approximately 16,000 deaf people were among the 375,000 forcibly sterilized people with disabilities. Yet not all deaf people in Germany were affected by this policy, for only the hereditarily deaf, a diagnosis often misunderstood and misapplied by doctors of the time, were targeted for sterilization. Other deaf Germans, notably the leader of the Reich Union of the Deaf of Germany (Reichsverband der Gehörlosen Deutschlands—REGEDE), Fritz Albreghs, were, at least for a time, just as enthralled by Hitler and his promises of a better future as were their hearing counterparts. When the Nazis, as part of a program to coordinate and subsume all German social, political, and economic institutions (*Gleichschaltung*) designated the REGEDE as the sole legal deaf organization and made Albreghs the liaison between deaf people and the Führer, many deaf Germans—and even deaf people in neighboring France—exalted Hitler as the first European leader to pay adequate attention to deaf people and their needs.⁴ Photographs of deaf boys in Hitler Youth uniforms, deaf girls in the Union of German Girls dirndl, and deaf storm troopers in a Sturmabteilung (SA) motorcycle unit should not be shocking. Deaf people were frequently cut off from information in mainstream media, and they cannot fairly be expected to have been more politically astute than other Germans. If a post-1945 viewpoint is not taken, it is easier to comprehend that deaf Germans shared in the adulation of the Führer that many citizens expressed in the early days of

the Third Reich. Only when we learn more about the nature of deaf resistance will we have a whole, three-dimensional image of the deaf experience in Hitler's Germany.

We do know a good deal about the sterilization of deaf people from the work of the late Horst Biesold. One of the most important parts of his research concerns the collaboration of teachers of deaf students in reporting them for forced sterilizations and forced abortions. To understand, though not condone, their behavior we need to see the role that eugenics education played in training teachers for deaf students, not only during the Nazi era, but even before their assumption of power. The basic concept of eugenics—breeding for better humans—was part of the cultural assumptions of the day for many Germans, not just for those who were avowed Nazis. While many Germans drew the line at murder, as is clear from the resistance mounted by the churches, as suspicions about the T4 program surfaced, the prevention of "lives unworthy of life" by forced sterilization was no less acceptable in Germany than it was in some quarters of the United States.⁵ Biesold's essay shows us how this thinking permeated deaf education, and the 1934 article by Kurt Lietz, "The Place of the School for the Deaf in the New Reich," shows how educators rationalized it.

If it is difficult to determine the precise number of deaf people sterilized by the Nazis, it is impossible to know exactly how many deaf people were murdered in the T4 program. To begin with, some records of this operation were destroyed; but even if there were complete documentation, gleaning the number of deaf victims from the files would be a delicate operation. Deaf people were never officially designated as subjects for the euthanasia project, yet we know from Friedlander and Biesold that deaf infants, children, and adults were murdered in the asylums.⁶ Some were surely misdiagnosed as schizophrenic and cognitively disabled, sometimes as a result of staff failure to properly communicate with deaf people in sign language or appropriate written German, and sometimes as the tragic result of societal prejudice about the intelligence of anyone who is deaf. When we recall that a patient's dossier from an asylum often received only a cursory glance from the doctor who could sign a death warrant, it

is clear that diagnoses were often meaningless.⁷ Perhaps only a painstaking examination of extant files from hospitals, asylums, schools for deaf children, and state-run killing centers will elucidate the treatment of deaf people in the T4 program.

The fate of deaf Jews in Germany and Nazi-occupied Europe is a story of tragic discrimination and heroic survival. Very few deaf Jews survived in Germany, as Jochen Muhs' article explains. The research into their fate has been limited by the dearth of material available. The story of the Israelite Institution for the Deaf in the Berlin suburb of Weissensee has been told.⁸ Recently, the story of the Weidt factory in Berlin has emerged from the shadows of the former East Berlin. Otto Weidt ran a factory that made brooms and brushes for military use, which was located at Rosenthalerstrasse No. 39. He employed disabled Jews, most of them blind and a handful of them deaf and blind. Each night, he hid them behind a false wall in the tiny garret workshop, until their luck ran out and they were all deported. There were no survivors.⁹

Indeed, given Nazi policies toward Jews and people with disabilities, it is astounding that there were any deaf Jewish survivors at all. We have sifted through the narratives of Holocaust survivors held in the videotape archives at Yale University, the United States Holocaust Memorial Museum, and the Survivors of the Shoah Visual History Foundation, individual interviews by Jochen Muhs, Simon Carmel, and those John S. Schuchman and I conducted in 1997. As the stories unfold, we can only marvel at the physical hardiness, spiritual and emotional strength, and plain luck that allowed some of the most despised people in the Nazi worldview to endure the terrors of Auschwitz-Birkenau, Bergen-Belsen, and Ravensbrück.

In 1997, with the kind help of Israel Sela of the American Jewish Joint Distribution Committee in Budapest, John Schuchman and I met and interviewed a dozen deaf Jewish survivors of the round-ups, deportations, labor battalions, and massacres that took place at the Danube River. These survivors were hunted by Adolf Eichmann and the Hungarian fascists, the Arrow Cross; protected by the Swedish diplomat Raoul Wallenberg; sheltered by decent non-Jewish deaf friends and neighbors; or assisted by Dezso Kanizsai, director of the

Jewish School for the Deaf on Mexico Street. Their touching story is retold here in John Schuchman's essay that details their harrowing experiences and their indomitable spirit. Probably the only reason they survived was that the deportations occurred so late in the war. Only further research into other occupied countries will permit a fully nuanced understanding of the deaf Jewish experience under Nazi tyranny.

The research and writing in this field have just begun, and many areas need further investigation in order to describe the lives of deaf people in European countries on the eve of the Second World War as well as to document their fate during the war. But the 1998 conference in Washington, D.C., which launched this study, has introduced scholars and survivors who might never have met otherwise. We hope this anthology will spur a new generation of scholars, many of them deaf, to investigate this era further and to enrich the fields of deaf studies and Holocaust studies mutually.

Notes

1. See, for example, Elie Wiesel, *Night*, trans. Stella Rodway (New York: Hill and Wang, 1960) and *Dawn*, trans. Frances Frenay (New York: Hill and Wang, 1961) or Primo Levi, *Survival in Auschwitz: The Nazi Assault on Humanity*, trans. Stuart Wolf (New York: Collier, 1961).
2. See Gerald Reitlinger, *The Final Solution: The Attempt to Exterminate the Jews of Europe, 1939–1945* (London: Vallentine, Mitchell, 1953; New York: Jason Aronson, 1985); and Raul Hilberg, *The Destruction of the European Jews* (Chicago: Quadrangle, 1961; New York: Holmes and Meier, 1985).
3. Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press, 1995).
4. See the article "Bravo Hitler" in the Parisian deaf community newspaper *La Gazette des Sourds-Muets*, 1933.
5. The best study of the Catholic Church in Germany and its response to Nazism is still Guenter Lewy, *The Catholic Church and Nazi Germany* (New York: McGraw-Hill, 1964).
6. See Friedlander, *The Origins of Nazi Genocide* and Horst Biesold, *Crying Hands: Eugenics and Deaf People in Nazi Germany*, trans. William Sayers (Washington, D.C.: Gallaudet University Press, 1999).
7. See Friedlander, *The Origins of Nazi Genocide*, chap. 4.

8. See Vera Bendt and Nicola Galliner et al., *Öffne deine Hand für die Stummen: Die Geschichte der Israelitischen Taubstummen-Anstalt, Berlin-Weissensee, 1873 bis 1942* (Berlin: Transit, 1993).

9. Exhibition description, “Blind Trust, Hidden at the ‘Hackescher Markt,’” Otto Weidt Werkstatt, Rosenthalerstrasse No. 39, Berlin.

Part I

Racial Hygiene

Introduction

Donna F. Ryan

Broad pseudoscientific theories, social policies, and mental images of an ideal population for the New Germany governed the treatment of deaf people during Hitler's regime. Recent scholarship in Holocaust studies has fit the wartime experiences of people with disabilities into the context of popular "eugenics" theories intended to preserve "Aryan" superiority by eliminating weak links in the gene pool. Beginning with prohibitions against marriage between Aryans and "damaged stock" and the forced sterilization of those judged likely to pass down inferior genes, negative eugenics theories would eventually lead to gruesome experiments and the mass murder of those deemed dispensable and dangerous to the hereditary future of Germany. While the willing architects of this social policy were academics, doctors, lawyers, and judges, the Nazis were also confronted with the need to popularize their ideas in order to ensure compliance and even outright support for their racial practices.

Henry Friedlander has demonstrated the integral connection between the Nazi treatment of those perceived as disabled and the planning and implementation of the "Final Solution of the Jewish Question."¹ In the following essay, he outlines the historical context for the persecution of deaf people. Based on the theory of eugenics, which was widely accepted by medical professionals in Europe and the United States, Nazi "racial hygiene" laws passed in 1933 and 1935 mandated the forced sterilization of the genetically unfit and forbade them to marry. As in many cases of Nazi injustice, Friedlander shows how the burden of proof of "innocence" fell on the accused.

In 1939, racial hygiene took a deadly turn. The so-called euthanasia program murdered disabled children first, using barbiturate overdose or starvation, in fulfillment of the goal of the destruction

of “life unworthy of life.” The inclusion of deaf children in this program is documented. The effort to eradicate disabled adults entailed the construction of killing centers and the use of poison gas, precursors to the death camps of the Holocaust. While precise figures for deaf victims may be impossible to glean from the records, the murder of deaf adults, often mistakenly diagnosed as feeble-minded but sometimes selected only because they were deaf, places deaf people among Nazi targets for annihilation within the Greater German Reich.

Robert Proctor’s essay examines the role of medical professionals in the forced sterilization and murder of disabled people during the Third Reich.² He argues that racial hygiene, an extreme form of German eugenics, was the invention of medical scientists even before Hitler’s assumption of power. With the institution of a strong state, doctors were authorized to put those theories into practice.

Like Friedlander, Proctor finds that doctors, nurses, and other health care professionals were deeply implicated in all assaults on disabled people. They reported genetic illnesses to the state and they served as judges for the Hereditary Health Courts. They performed the sterilizations, whether by surgical procedure, injection of super-cooled carbon dioxide, or X-rays. They killed disabled babies, including deaf infants, by injection or starvation and then undertook the systematic murder of disabled adults with overdoses of barbiturates or the use of gas chambers. Doctors trained in anthropology performed all “selections” at the death camps. They plundered corpses for gold and organs for study. They performed heinous medical experiments. When much of the apparatus of the euthanasia program was moved from Germany to Poland to reduce popular opposition, gas chambers from psychiatric hospitals were dismantled and shipped to Majdanek, Auschwitz, and Treblinka. Medical personnel familiar with operating the gas chambers followed.

Proctor shows that doctors were not Hitler’s pawns but pioneers in the development of racial hygiene theories and the technology to carry out monstrous crimes. Medical practitioners and theorists functioned in a world where eugenics theories were valued and where their personal prestige and economic position were much enhanced by service to the Nazi state.

Patricia Heberer's essay draws an important linkage in eugenics theory between heredity and social problems in the modern world. In this way, it was possible to apply this theory not only to those racially outside the German *Volk*—the Jews, Roma, and Sinti—but also those within the community whose social value was questionable—people with physical and cognitive disabilities, homosexuals, alcoholics, prostitutes, the illegitimately born, criminals, those suffering from sexually transmitted diseases or tuberculosis, the poor, and even those considered lazy or work shirkers. The origins of social ills were believed to be hereditary, and so biological solutions could be imposed through energetic public health policies carried out by physicians, social workers, public welfare agencies, and even educators. These theories were acceptable to a broad German audience who had seen so many "fit" individuals sacrificed for the Fatherland in World War II, while "unfit" members of society were consuming a disproportionate share of the public treasury in a country that suffered a long and deep economic depression. Progressively more severe funding cuts for mental health and long-term-care facilities fostered deteriorating conditions, leading to malnutrition and disease.

Heberer characterizes Nazi public health measures as more and more radical until deliberate murder appeared the logical outcome. As the T4 program became more widely known, Hitler issued an order to terminate its operations in August 1941, but it actually continued, carefully controlled from Berlin. Moreover, the killing operations in the concentration camps broadened the definition of unfit to include mentally and physically ill prisoners, those who did not work, and those the camp administrators deemed troublesome. As Patricia Heberer argues here, the category of unfit was gradually expanded from the hereditarily compromised, disabled, and racially invaluable to all those no longer useful to society, especially during wartime. Ultimately, even German soldiers and workers from Eastern Europe, if unable to perform to full potential, found themselves victims of this curious utilitarianism. National Socialist logic had been carried to its most extreme conclusion, in which public health and social policies merged.

Notes

1. Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press, 1995).
2. For a full treatment of this subject, see Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass.: Harvard University Press, 1988).

Holocaust Studies and the Deaf Community

Henry Friedlander

The fate of deaf people in Nazi Germany is a neglected aspect of the Holocaust. Certainly, few would think of them as Holocaust victims or survivors. In the United States, even in Germany, few are aware that during the Nazi era, human beings—men, women, and children—with impaired hearing were sterilized against their will, and even fewer know that many deaf people were also murdered. Under Nazi rule, they shared the fate of all persons with mental and physical disabilities.

First, we must define our terms. The Nazi regime championed an ideology of human inequality designed to assure the health and purity of the German national community. Membership in the community was to be based on biology; race and not culture was to determine inclusion. It thus became the official policy of the German state to exclude those deemed to pose a threat to the nation's health and purity. This exclusion was based on biology and directed against groups of human beings considered "alien" or "inferior;" heredity determined the fate of groups and individuals. We therefore can apply the term "Holocaust" or "genocide" to the fate of all those human beings whose selection for exclusion and murder was based on their heredity.¹

Although the drive against supposedly alien influences was directed against large numbers of human beings classified as incompatible with the Nordic ideal of "Aryan" Germans—for example, persons of African or Asian descent—only two so-called alien groups resided in Central Europe in sufficient numbers to require the intervention of the state: Jews and Gypsies. Against them, the Nazi regime inaugurated a concerted policy of isolation, discrimination, and

repression. Their isolation culminated in the Nuremberg racial laws of September 1935, which prohibited marriages between Germans and members of the proscribed groups; it also made any sexual contact between them illegal and punishable by death. During the 1930s, the exclusion of Jews involved, in addition to isolation and marginalization, the drive to force them to leave the country, and the exclusion of Gypsies—that is, Sinti and Roma—involved their incarceration in so-called Gypsy camps. During the war, the German state practiced a far more radical form of exclusion, the mass murder of all members of the excluded groups, applying the so-called Final Solution of the Jewish and Gypsy Question in every European country occupied by or allied with Germany.²

A long tradition of anti-Semitism in Christian Europe had prepared the ground for the popular acquiescence to the isolation of the Jews. But only the transformation of religious into racial anti-Semitism during the nineteenth century made possible the exclusion of Jews regardless of their commitment to German culture. Their heredity, and not their culture, determined their fate. The same applied to the Gypsies. As a result of the American and French revolutions, previously repressed minorities, including Jews and Gypsies, had been granted citizenship during the nineteenth century, but the equality engendered by emancipation had been challenged by the rise of scientific theories of race that opposed the absorption of outsiders.³

Disabled people made up the third target of the Nazi policy of exclusion. Alongside Jews and Gypsies, human beings with physical or mental disabilities—designated as “unfit”—were also to be eliminated from the German national community. They too faced a long tradition of prejudice, which, in the nineteenth century, also transformed into a racially based theory of their inferiority.

The scientific movement responsible for the harsher view of disabled people was known as “eugenics.” The term had been coined in 1881 by the British naturalist and mathematician Francis Galton and described by the leading American eugenicist, Charles B. Davenport, as “the science of the improvement of the human race by better breeding.” Eugenicists firmly believed that the increase of foreign and inferior populations prevented human advancement.

To deal with so-called inferiors, eugenacists like Davenport called for the study of specific problems posed by "inferior" humans as, for example, "deaf-mutism, criminality, hereditary insanity, feeble-mindedness, epilepsy."⁴ At first, eugenacists attempted to achieve their goals through "positive" eugenics, that is, an increase of the birth rate of "superior" populations; but, as this approach did not yield results, the movement turned to "negative" eugenics, that is, the sterilization and exclusion of inferior populations.⁵

The political campaign of the eugenics movement in the United States, designed to prevent members of other races and ethnic groups from entering the country, was successful after World War I with the enactment of the 1924 Johnson Immigration Restriction Act. This act remained the law of the land until after World War II; it restricted the immigration of ethnic groups considered undesirable through the establishment of quotas and was one reason that refugees from Nazi terror and survivors of Nazi genocide had difficulty entering the United States.

The idea that mentally and physically disabled human beings must be excluded from the gene pool was a staple argument of the international eugenics movement, and the campaign of the American eugenacists in favor of sterilizing the disabled was relatively successful. In 1907, Indiana enacted the first sterilization law, and by the middle of the 1930s, more than half of the states had passed laws that authorized the sterilization of "inmates of mental institutions, persons convicted more than once of sex crimes, those deemed to be feeble-minded by IQ tests, 'moral degenerate persons,' and epileptics."⁶

In 1927, one such law, a Virginia statute that authorized directors of state institutions to order the compulsory sterilization of disabled patients diagnosed as suffering from "an hereditary form of insanity or imbecility," reached the U.S. Supreme Court.⁷ The case involved an order for the compulsory sterilization of a woman diagnosed as feebleminded, whose mother had been classified the same way, and whose child had also been stigmatized as retarded. In his prescient plea to the court, I. P. Whitehead, attorney for plaintiff Carrie Buck, warned the justices that if the state can impose a procedure that "violates her constitutional right of bodily integrity," the results

would be ominous. He argued that if the Virginia law were declared constitutional, “then the limits of the power of the State (which in the end is nothing more than the faction in control of the government) to rid itself of those citizens deemed undesirable according to its standards, by means of surgical sterilization, have not been set.” Further, he warned that such a finding by the court would mean that “a reign of doctors will be inaugurated and in the name of science new classes will be added, even races may be brought within the scope of such regulation, and the worst forms of tyranny practiced.”⁸ Oliver Wendell Holmes, speaking for the majority of the court, including Louis Brandeis and William Howard Taft, pushed aside such arguments. His justification for upholding the Virginia law presaged the arguments used later by eugenicists in Nazi Germany:

We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough.⁹

In the United States, eugenics eventually lost scientific acceptance and public support. New scientific discoveries led to the rejection of eugenic research results. Moreover, events in Nazi Germany during the 1930s, and the close cooperation between American and German eugenicists, seriously damaged the standing of the American eugenics movement, and the revelation of Nazi crimes in the 1940s discredited eugenics theories—at least for the next fifty years.¹⁰

The eugenics movement in Germany was in the beginning, prior to World War I, relatively moderate. It emphasized “positive” eugenics and did not adopt the anti-Semitism popular on the German right. World War I radicalized the German eugenics movement. Not only did eugenicists begin to advocate “negative” eugenics, particularly

sterilization, but many also adopted a racist viewpoint. During the Weimar Republic, German eugenicists agreed on “negative” eugenics but divided into a Nordic and anti-Nordic wing on the question of race. The proponents of the Nordic orientation subscribed to the belief in the superior qualities of the Nordic or Germanic peoples; moreover, the Nordic wing, centered in the Munich chapter of the eugenics movement, did not reject racial anti-Semitism and embraced this form of racism completely after the Nazis assumed power.¹¹

The Munich chapter was led by Fritz Lenz, who occupied at the University of Munich the first chair in eugenics, as well as by Eugen Fischer and Ernst Rüdin. The Freiburg anthropologist Eugen Fischer had become famous through his book, *The Rehoboth Bastards and the Problem of Miscegenation Among Humans*, written on the basis of his research in German southwest Africa and published in 1913.¹² This study established his reputation and also influenced all subsequent German racial legislation, including the Nuremberg racial laws. Fischer not only rejected marriages between whites and blacks but also objected to “colored, Jewish, and Gypsy hybrids,” the so-called *Mischlinge*.¹³ In 1927, he moved to the University of Berlin as professor of anthropology and at the same time became director of the newly established Kaiser Wilhelm Institute for Anthropology, Human Heredity, and Eugenics. The psychiatrist Ernst Rüdin, a Swiss national who had studied and worked in Germany since the turn of the century, became in 1913 director of the Kaiser Wilhelm Institute for Genealogy and Demography of the German Research Institute for Psychiatry in Munich, and in 1933, he was appointed by the Nazi regime to head the Society for Race Hygiene.¹⁴

Two younger race hygiene scientists, Hans F. K. Günther and Otmar Freiherr von Verschuer, played leading roles among the next generation of Nordic supremacists. Günther, the only leading race scientist who had joined the Nazi party prior to its assumption of power, was appointed in 1930 to the university chair in racial anthropology at Jena by Wilhelm Frick, later Hitler’s minister of interior, after the Nazis had entered the Thuringian state government. Verschuer, a physician specializing in genetics and internal medicine, was known for his eugenic research on twins. A proponent of Aryan

supremacy, Verschuer served as a department head in Fischer's institute, left Berlin in 1935 to head the Frankfurt Institute for Hereditary Biology and Race Hygiene, and returned to Berlin as Fischer's successor in 1942.

The opposition to the Nordic faction was centered during the Weimar Republic in the Berlin chapter of the eugenics movement, led by the Social Democrat Alfred Grotjahn, who occupied the chair for social hygiene at the University of Berlin. The differences between the two factions were symbolized by their battle over the name of the German eugenics movement. The anti-Nordic wing wanted to retain "eugenics," while the Nordic wing opted for "race hygiene." After Adolf Hitler's appointment as chancellor on January 30, 1933, race hygiene became the official designation for German eugenics.

The assumption of power by the Nazis assured the victory of the Nordic wing; the anti-Nordic wing disappeared. The new regime provided for the practitioners of race hygiene unlimited opportunities to implement their program. In turn, the race scientists provided the legitimacy the regime needed for its policies. Already in 1931, two years before Hitler's assumption of power, Fritz Lenz provided the Nazi leader with the following testimonial: "Hitler is the first politician with truly wide influence who has recognized that the central mission of all politics is race hygiene and who will actively support this mission."¹⁵

As soon as the Nazis had assumed power, they moved with alacrity to implement their racial and eugenics program. Disabled people were among the first victims targeted by exclusionary legislation. On July 14, 1933, just four-and-a-half months after assuming power, Hitler and his cabinet promulgated a sterilization law for persons suffering from a variety of mental and physical disabilities, and in the process defined the groups to be excluded from the national community. This law, issued with the cumbersome name of Law for the Prevention of Offspring with Hereditary Diseases, served as the cornerstone of the regime's eugenics legislation.¹⁶ A sterilization law had already been prepared in Prussia, the largest of the German federal states, during the final years of the Weimar Republic, but had never been passed by the legislature. The new German government

simply adopted this Prussian law; but, unlike the Prussian model, the new law included provisions for compulsory sterilization. Taking effect on the first day of 1934, the law eventually led to the sterilization of approximately 375,000 German nationals.¹⁷

The law created a legal structure for enforcement. Newly created Hereditary Health Courts were attached to the lowest courts of general jurisdiction, the magistrate courts, to decide all cases in chamber; three members—a judge of the magistrate court as chair, a physician of the public health service, and another physician with expert knowledge about the laws of heredity—made up this court. The law also created appellate courts of hereditary health that were attached to the regional circuit courts, again composed of two physicians—one in the public health service—and chaired by a judge of the circuit court. The decision of the appellate courts was final.¹⁸

The sterilization law was designed to deal with hereditary diseases and persons carrying such diseases. The opening of the law proclaimed its content: "Any person suffering from a hereditary disease can be sterilized if medical knowledge indicates that his offspring will suffer from severe hereditary physical or mental damage." The law defined a person "suffering from a hereditary disease," and thus a candidate for sterilization, as anyone afflicted with one of the following disabilities:¹⁹

1. congenital feeble-mindedness,
2. schizophrenia,
3. *folie circulaire* (manic-depressive psychosis),
4. hereditary epilepsy,
5. hereditary St. Vitus's dance (Huntington's chorea),
6. hereditary blindness,
7. hereditary deafness,
8. severe hereditary physical deformity, or
9. severe alcoholism on a discretionary basis.

Official statistics collected by the Reich Interior Ministry show that during 1934, the first year the law was in force, 32,268 men and women were sterilized against their will. This figure was still

relatively low because the capability to perform sterilizations was limited; the number increased during the following years. In 1934, persons judged feeble-minded made up the largest group sterilized: 17,070, or 52.9 percent. The next largest group, 8,194 or 25.4 percent, were persons diagnosed as schizophrenic, followed by 4,520 or 14.0 percent of persons suffering from epilepsy. The group of blind persons—201 or 0.6 percent—and that of deaf persons—337 or 1.0 percent—was much smaller.²⁰ But these categories could all be expanded. The emphasis on the congenital nature of the disability was often disregarded, and intervention was often expanded to include persons whose disability was not severe; thus sterilization was not always confined to persons blind or deaf, but was also applied to those with a more limited visual or hearing impairment.

In the years following the promulgation of the law, several amendments sharpened its provisions, closed loopholes, and radicalized implementations. One 1935 amendment closed the loophole involving pregnancies that commenced prior to sterilization. The amendment authorized abortions performed to prevent births of children with disabilities; this would apply not only if the mother was disabled but also if the mother was healthy but the father suffered from a disability. This amendment is particularly noteworthy, because, for persons judged healthy, German law continued in the Nazi era to impose heavy penalties for abortions. The abortion amendment was rigorously enforced. For example, in May 1940, the public health office in Feldkirch, Upper Austria, ordered an abortion for a pregnant young woman because “of concern that her offspring might suffer from congenital deafness.”²¹

The next logical step in erecting a legal structure designed to exclude those judged biologically deficient was the passage of a law regulating marriages. The Nuremberg racial laws, prohibiting marriages and any sexual contact between Jews and Germans, were enacted in the middle of September 1935. One month later, on October 18th, the German government enacted a similar law directed against disabled people: the Law for the Protection of the Hereditary Health of the German Nation. This so-called Marriage Health Law prohibited a marriage if either party suffered from a mental derangement or

hereditary disease specified in the sterilization law. Before marriage, a couple had to prove that no impediment existed under this law by securing a Marriage Fitness Certificate from the public health office.

An essential prerequisite for the exclusion of minorities was the ability of the state to define and identify members of the groups targeted for persecution.²² Defining people as disabled proved simple, as the sterilization law listed the disabilities that would define the members of the excluded group. Identification, however, required greater effort. No national register of disabled individuals existed in 1933. Still, the state could use some existing data at the start of the sterilization campaign: lists of persons who were committed to institutions or who attended special schools. But this was not enough, and the authorities had to rely on denunciations, which came primarily from the professionals in the health care, education, and welfare system. The database of disabled people collected as part of the sterilization campaign was augmented by the data collected after passage of the Marriage Health Law. The information thus collected by the public health service grew enormously. The final aim, however, was a comprehensive system of registration to provide eugenic information on all individuals. The state wanted to establish an inventory on race and heredity, which would have enabled the authorities to identify every disabled person and, equally important, their suspect relatives. War and defeat, however, did not permit completion of this task.

The coming of war in 1939 radicalized the exclusionary policies of the Nazi regime. In the winter of 1939–1940, the regime initiated a killing program targeting disabled German nationals, euphemistically labeling this mass murder as “euthanasia,” but also designating it “the destruction of life unworthy of life.”²³ To implement the decision to kill disabled people, Hitler appointed two plenipotentiaries: his escorting physician, Dr. Karl Brandt, and the chief of the Chancellery of the Führer, Philipp Bouhler. These two selected Victor Brack, a senior official of the Chancellery, to organize and direct the killings. To hide the involvement of the Chancellery, Brack created various front organizations. The offices of the fronts were located in Berlin on Tiergartenstrasse No. 4, and the killing enterprise was

therefore known as “Operation T4.” But neither the Chancellery, whose participation had to remain secret, nor T4, which masqueraded as a nongovernmental organization, had the power of enforcement. Therefore, the Reich Interior Ministry, especially its health department, had to serve as enforcer to ensure cooperation. Dr. Herbert Linden, the official in charge of the department dealing with state hospital, race, and heredity, served as the ministry’s liaison to the T4 operation.

Hitler labeled the T4 killings euthanasia or “mercy death,” although this term did not apply to these killings; the victims did not suffer from a painful terminal condition and could have continued to live pain-free for many years. The scientific and medical community did not oppose Hitler’s radical decision to murder disabled people, in part because the idea had circulated since 1920, the year the legal scholar Karl Binding and the psychiatrist Alfred Hoche published a polemic advocating such a radical step with the title “Authorization for the Destruction of Life Unworthy of Life.”²⁴ They had argued, along a line later also advanced by Oliver Wendell Holmes, that “if one thinks of a battlefield covered with thousands of dead youth . . . and contrasts this with our institutions for the feeble-minded 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.”²⁵ Dismissing the Hippocratic oath as a “physician’s oath of ancient times,” they argued that to protect “higher values,” physicians must be freed to destroy “unworthy lives.”²⁶

The killings started with the murder of infants and young children born with mental or physical disabilities. For this purpose, Brack created his first T4 front organization, equipping it with the impressive-sounding name of Reich Committee for the Scientific Registration of Severe Hereditary Ailments. Physicians, midwives, and hospitals reported disabled infants and young children to the public health service, which transmitted the reporting forms to the Reich Committee. Using these forms, physicians working for the Reich

Committee selected the children for the killing program. The children were transferred to children's wards for expert care, which T4 had established at selected state hospitals. Parents often voluntarily surrendered their children because they were deceived through promises that new medical procedures would lead to a cure. Against those who refused, the Reich Ministry employed various forms of coercion. In the wards, the children were killed through the use of medication, usually overdoses of standard barbiturates, but sometimes also through starvation. The physicians and nurses in the children's wards continued the killings, often accompanied by self-serving experiments, throughout the war.²⁷

Children with hearing impairment were included among those killed in the children's wards. After the war, the psychiatrist Hermann Pfannmüller, director of the Eglfing-Haar state hospital in Munich as well as the physician in charge of its children's ward, testified at the Nuremberg medical trial about the disabled children brought to his killing ward, including those suffering from "congenital blindness, deafness, dumbness."²⁸ Pfannmüller's postwar successor as director of Eglfing-Haar reported that surviving case histories showed that deaf children were among those killed by his predecessor. He reached the following conclusion about "ten deafmutes from the Ursberg institution" killed at Eglfing-Haar: "Almost all were active, a few were mildly feeble-minded, but others—considering their skill at work—possessed normal intelligence." He added that even when they were diagnosed as moderately feeble-minded, that diagnosis was not reliable because it was probably due to their hearing and speaking impairments.²⁹

Even before the murder of the children had been fully implemented, Hitler also ordered the killing of disabled adults, and gave this job as well to Brandt and Bouhler. The larger task to kill disabled adults was both easier and more complex. It was easier because only the institutionalized disabled were to be included. Unlike the small number of infants and young children, a far larger number of adults could not be enticed to commit themselves. Further, any attempt to conduct round-ups of disabled adults, taking them from their homes by force, would have breached the wall of

secrecy surrounding the killings and would have caused popular unrest in the middle of the war. In any event, the number of adults judged disabled was sufficiently large to satisfy the killers; the rest could be dealt with after victory.

The system of selecting the disabled victims followed the scheme applied to disabled children. Backed by the authority of the Reich Interior Ministry, T4 requested that all state hospitals complete a questionnaire for each disabled patient. T4 approached the public through newly created front organizations, including the Reich Cooperative for State Hospitals and Nursing Homes (*Reichsarbeits-gemeinschaft Heil- und Pflegeanstalten*) and the Charitable Foundation for Institutional Care (*Gemeinnützige Stiftung für Anstalts-pflege*). Teams of psychiatrists serving as consultants selected the victims on the basis of these questionnaires. The disabled patients were never even seen, much less examined, by the psychiatrists deciding their fate.³⁰ At first victims were selected only from state and private mental hospitals, but soon the search for victims was widened to include psychiatric clinics, nursing homes, old age homes, as well as specialized homes as, for example, Zieglers Institution for Deafmutes in Wilhelmsdorf, Württemberg, a special education boarding school.³¹

The task of secretly killing large numbers of human beings and disposing of their bodies posed additional problems. The method used to kill the children—medications in regular hospitals—was deemed too slow to accomplish the job. T4 decided to use gas as the killing method, and created for this purpose the “killing center,” an invention that Nazi Germany has bequeathed to the world. T4 established six killing centers—Brandenburg, Grafeneck, Hartheim, Bernburg, Sonnenstein, and Hadamar—equipped with gas chambers and crematoria. There, the T4 operatives killed their victims in assembly line fashion in the gas chamber and burned their bodies in the crematorium. And prior to cremation, they looted the corpses, taking gold teeth for the enrichment of the German state and body organs for the research of German scientists. Later, they exported their invention to the East, where killing centers like Treblinka and Auschwitz applied the same method to kill Jews and Gypsies.³²

It has long been known that the looting of corpses for dental gold was routinely practiced in the killing centers of the Final Solution in Poland, but it is less known that this practice was first introduced in the killing centers for disabled people in Germany. A Hadamar secretary testified in court after the war about this looting:

Gold teeth? They were handed to us in the office, whenever there was someone who had gold teeth. Many handed to us? No. They were brought to me in a bowl by one of the stokers. He had a book and I had a book, and we thus confirmed accuracy. We had a little carton, and that is where we kept them until we had accumulated a sufficiently large amount, and we then sent them by courier to Berlin.³³

The perpetrators not only looted gold but also human organs. The brain was in greatest demand. Julius Hallervorden, director of the Kaiser Wilhelm Institute for Brain Research in Berlin, and Carl Schneider, director of the Psychiatric Clinic of the University of Heidelberg, were most prominent in this final violation of the victims.³⁴ Eventually, the looting scientists traveled to find victims who could be murdered for their brains. Thus Schneider wrote to T4 after one of such trips: "We have found many wonderful idiots in Hirth's Alsatian institution in Strasbourg. Transfer requests will follow."³⁵ The same violation of the victims for so-called research took place in the East. Of these, the Auschwitz experiments of Josef Mengele undoubtedly remain the most egregious example of the collaboration of unscrupulous researchers with equally unscrupulous senior scientists and prestigious scientific institutions.³⁶ Thus, Verschuer of the Kaiser Wilhelm Institute included the following in one of his progress reports to the German Research Foundation: "My assistant Dr. Mengele is another contributor who has joined this research project. He was posted to the Auschwitz concentration camp as an SS captain and camp physician. With approval of the Reich leader SS, he has conducted anthropological research on various racial groups in the camp, and has transmitted blood samples to my laboratory for testing."³⁷

On August 24, 1941, Hitler ordered an end to the gassing of disabled people. In the preceding twenty months, about 80,000 disabled

human beings had been murdered. A change of heart did not cause Hitler to issue this order. Instead, he was reacting to the growing popular opposition to the killings. The secrecy surrounding the murders had not lasted, and the outrage of relatives of victims had become too public. Catholic and Protestant church leaders, who for more than a year had privately petitioned the government without success, finally spoke out in public. The regime could not afford such public disquiet in the middle of the war.

Hitler's order, which applied only to the killing centers, did not end the murders. The T4 centers were thereafter used to kill concentration camp prisoners, and underemployed T4 operatives were posted to Poland to operate killing centers for Jews and Gypsies. The killing of disabled people continued unabated in Poland and the occupied Soviet Union where public opinion did not matter. Even inside Germany, where the murder of disabled children had not been stopped, the murder of disabled adults soon resumed. But henceforth, they were killed in selected state hospitals through starvation, overdoses of medication, or deadly injections. As these killings occurred in regular hospitals and were spread over a longer period of time, public knowledge was limited and popular opposition was muted. The T4 operatives used the term "wild" euthanasia to describe these decentralized killings; the number of victims was just as large as before.³⁸

As the war continued, the decentralized killings became even more arbitrary, and the killing hospitals came to resemble concentration camps. In the Pomeranian state hospital Meseritz-Obrawalde, one of the leading killing institutions of wild euthanasia, the staff not only killed those unable to work, but in addition also patients "who increased the workload of the nurses, were deafmute, sick, or disobedient."³⁹

After the war, disabled victims were not recognized as persons persecuted by the Nazi regime. Survivors received no restitution for time spent in the killing hospitals; neither did they receive restitution for compulsory sterilization. Although the sterilization law had been declared invalid by the Allies, the postwar German state did not recognize sterilization under the Nazi-era law as racial persecu-

tion, and postwar German courts held that compulsory sterilization under the law had followed proper procedures. Disabled persons challenging such rulings lost their cases in court when they could not prove that the finding that led to their sterilization had been medically wrong. The appeal of a sterilized deaf person was thus denied in 1950 after two court-appointed physicians certified that the original finding of congenital deafness had been accurate. In 1964, the appeal for restitution from a sterilized person, who during the Nazi period had been a student at the former Israelite Institution for the Deaf in Berlin, was denied. The postwar German court found that while the appellant as a Jew belonged to a group recognized as persecuted under the restitution law, his sterilization as a deaf person did not constitute Nazi persecution.⁴⁰ To this day, the German state has not fully recognized and compensated disabled people, including deaf persons, for their persecution in the Nazi period.

Notes

1. See Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press, 1995).
2. See Raul Hilberg, *The Destruction of the European Jews* (Chicago: Quadrangle, 1961); and Sybil Milton, "Holocaust: The Gypsies," in *Genocide in the Twentieth Century: An Anthology of Critical Essays and Oral History*, ed. Samuel Totten, William S. Parsons, and Israel Charny (New York: Garland, 1995), 209–64.
3. See Benno Müller-Hill, *Murderous Science: Elimination by Scientific Selection of Jews, Gypsies and Others. Germany, 1933–1945*, trans. George R. Fraser (Oxford: Oxford University Press, 1988); Peter Pulzer, *The Rise of Political Anti-Semitism in Germany and Austria* (New York: Wiley, 1964); and Donald Kenrick and Grattan Puxon, *The Destiny of Europe's Gypsies* (New York: Basic Books, 1972).
4. Garland E. Allen, "The Eugenics Record Office at Cold Spring Harbor, 1910–1940: An Essay in Institutional History," *Osiris*, 2 (1986): 232–33.
5. See Stephen Jay Gould, *The Mismeasure of Man* (New York: W. W. Norton, 1981) and Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Berkeley: University of California Press, 1986).
6. Garland E. Allen, "The Misuse of Biological Hierarchies: The American Eugenics Movement, 1900–1940," *History and Philosophy of the Life Sciences*, 5, no. 2 (1983): 122.

7. *Buck v. Bell*, 274 US 200 (1927).
8. 274 US 202, cited in Friedlander, *The Origins of Nazi Genocide*, 8.
9. 274 US 207, cited in Friedlander, *The Origins of Nazi Genocide*, 8–9.
10. See, for example, Allen, “Eugenics Record Office,” 250–53; and Gould, *The Mismeasure of Man*, 22.
11. On the eugenics movement in Germany, see Friedlander, *The Origins of Nazi Genocide*, chap. 1; Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass.: Harvard University Press, 1988); and Sheila Faith Weiss, “The Race Hygiene Movement in Germany,” *Osiris*, 3 (1987): 193–236.
12. Eugen Fischer, *Die Rohoboter Bastards und das Bastardierungsproblem beim Menschen: anthropologische und ethnographische Studien am Rehoboter Bastardvolk in Deutsch-Südwest-Afrika* (Jena: Gustav Fischer, 1913).
13. Cited in Anna Bergmann, Gabriele Czarnowski, and Annegret Ehmann, “Menschen als Objekte humangenetischer Forschung: Zur Geschichte des Kaiser Wilhelm-Instituts für Anthropologie, menschliche Erblehre und Eugenik in Berlin-Dahlem, 1927–1945,” in *Der Wert des Menschen: Medizin in Deutschland, 1918–1945*, ed. Christian Pross and Goetz Aly (Berlin: Edition Henrich, 1989), 130.
14. See Matthias M. Weber, *Ernst Rüdin: Eine kritische Biographie* (Berlin: Springer Verlag, 1993).
15. Cited in Loren R. Graham, “Science and Values: The Eugenics Movement in Germany and Russia in the 1920s,” *American Historical Review* 82 (1977): 1143, note 24.
16. For an English translation, see Control Commission for Germany (British Element), Legal Division, British Special Legal Research Unit, “Translations of Nazi Health Laws Concerned with Hereditary Diseases, Matrimonial Health, Sterilization, and Castration (8 Nov. 1945).”
17. For the most detailed account, see Gisela Bock, *Zwangssterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik* (Opladen: Westdeutscher Verlag, 1986).
18. See Friedlander, *The Origins of Nazi Genocide*, chap. 2.
19. For a discussion of the categories defined as hereditary diseases, see Arthur Gütt, Ernst Rüdin, and Falk Ruttke, *Gesetz zur Verhütung erbkranken Nachwuchses vom 14. Juli 1933 nebst Ausführungsvorordnungen, bearbeitet und erläutert* (Munich: J. F. Lehmanns Verlag, 1934), 119ff.
20. “Übersicht über die Durchführung des Gesetzes zur Verhütung erbkranken Nachwuchses,” Bundesarchiv, Koblenz (BAK), R18/5585.
21. Elisabeth Klamper, ed., *Dokumentationsarchiv des österreichischen Widerstandes*, Vienna, vol. 19 of *Archives of the Holocaust*, ed. Henry Friedlander and Sybil Milton (New York: Garland, 1992), doc. 50.
22. See Henry Friedlander, “Registering the Handicapped in Nazi Germany: A Case Study,” *Jewish History* 11, no. 2 (1997): 89–98; Sybil Milton

and David Luebke, "Locating the Victim: An Overview of Census-Taking, Tabulation Technology, and Persecution in Nazi Germany," *IEEE Annals of the History of Computing* 16, no. 3 (fall 1994): 25–39; and Götz Aly and Karl Heinz Roth, *Die restlose Erfassung: Volkszählen, Identifizieren, Aussondern im Nationalsozialismus* (Berlin: Rotbuch Verlag, 1984).

23. See Friedlander, *The Origins of Nazi Genocide*; Müller-Hill, *Murderous Science*; Ernst Klee, "Euthanasie" im NS-Staat: Die "Vernichtung lebensunwerten Lebens" (Frankfurt: S. Fischer Verlag, 1983); and Michael Burleigh, *Death and Deliverance: "Euthanasia" in Germany, c. 1900–1945* (Cambridge: Cambridge University Press, 1995).

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

25. Ibid., 27.

26. Ibid., 45–47, 49–50.

27. Friedlander, *The Origins of Nazi Genocide*, chap. 3.

28. U.S. Military Tribunal, Official Transcript of the Proceedings in Case 1, *United States v. Karl Brandt et al.*, 7304.

29. Gerhard Schmidt, *Selektion in der Heilanstalt, 1939–1945*, 2d ed. (Frankfurt: Edition Suhrkamp, 1983), 67.

30. See Friedlander, *The Origins of Nazi Genocide*, chap. 4.

31. Ibid., 158.

32. See *ibid.*, chap. 5.

33. Landgericht (LG) Frankfurt, Verfahren Wahlmann, Gorgass Huber, 4a Kls 7/47 (4a Js 3/46), Protokoll der öffentlichen Sitzung der 4. Strafkammer, 3 March 1947, 32, Hessisches Hauptstaatsarchiv (HHStA), 461/32061/7.

34. See Müller-Hill, *Murderous Science*, 66–69; and Pross and Aly, *Wert des Menschen*, 248–49.

35. Carl Schneider to Paul Nitsche, 15 Oct. 1942 (handwritten addendum), Zentrale Stelle der Landesjustizverwaltungen, Ludwigsburg (ZStL), Heidelberg doc. 127, 434–35.

36. See, for example, Müller-Hill, *Murderous Science*, 70–74. See also Hermann Langbein, *Menschen in Auschwitz* (Frankfurt: Ullstein, 1980), 380–85

37. Verschuer to Reichsforschungsrat, 20 March 1944, BAK, R73/15342.

38. See Friedlander, *The Origins of Nazi Genocide*, chap. 8.

39. Staatsanwaltschaft (StA) Hamburg, Anklageschrift gegen Friedrich Lensch und Kurt Struve, 147 Js 58/67, 24 April 1973, 377–78.

40. Sabine Krause, "Wiedergutmachung: Die Nachkriegsgeschichte," in "Öffne deine Hand für die Stummen": *Die Geschichte der Israelitischen Taubstummen-Anstalt Berlin-Weissensee, 1873 bis 1942*, ed. Vera Bendt and Nicola Galliner (Berlin: Transit, 1993), 170–71.

Eugenics in Hitler's Germany

Robert N. Proctor

We like to think that medicine is a force for healing in the world, but we should also not forget that, in the wrong political climate, medicine can join with evil to produce monstrosities.¹ Such was the case in the Nazi era. As we shall see, scientists and physicians collaborated in the most horrific crimes of the Nazis—including the sterilization of disabled people, cruel medical experiments, pernicious racial theories, and industrial-scale murder such as the world had never seen before.²

History is never simple, however, and there are also aspects of Nazi medicine and public health that are much less known: the fact that Germany under Hitler had the world's most powerful anti-smoking movement, for example, along with policies designed to encourage organic farming, species protection, animal rights, and vegetarianism. The normal and the monstrous are twisted together in the science of this time, and it is important to understand both aspects—the monstrous and the prosaic—if we are not to underestimate the appeal of the Nazi view of the world. This chapter explores some of the historical origins of the crimes committed in the guise of medicine and how these horrors could have been avoided. We begin with what is known as “eugenics,” or “racial hygiene.”

Racial Hygiene

At the end of the nineteenth century, German Social Darwinists, fearing a “degeneration” of the human race, set about to establish a new kind of hygiene—a racial hygiene (*Rassenhygiene*)—that would turn the attention of physicians away from the individual or the

environment toward the human "germ plasm." In the eyes of its founders (e.g., Alfred Ploetz and Wilhelm Schallmayer), racial hygiene was supposed to complement personal and social hygiene; racial hygiene would provide long-run, preventive medicine for the German germ plasm by combating the disproportionate breeding of "inferiors," the celibacy of the upper classes, and the threat posed by feminists to the reproductive performance of the family.

Interestingly, the early racial hygiene movement was primarily nationalistic and meritocratic, more than it was anti-Semitic or Nordic supremacist. Eugenicists worried more about the indiscriminate use of birth control (by the "fit") and the provision of inexpensive medical care (to the "unfit") than about the breeding of "superior" with inferior races, or many of the other themes we associate with the Nazis. Anti-Semitism actually played a relatively minor role in early racial hygiene. In fact, for Ploetz, father of the German movement (his 1895 treatise, in which he coined the term *Rassenhygiene*, served as the most important early book on this topic), Jews were to be classified along with the Nordics as one of the superior, "cultured" races of the world.³

By the mid-1920s, however, this had changed, and the right-wing faction of racial hygiene had merged with National Socialism. The conservative, anti-Semitic publishing house, J. F. Lehmann Verlag, took over publication of the *Archiv für Rassen- und Gesellschaftsbiologie* (the main racial hygiene journal) shortly after World War I, and Nazi ideologues began to incorporate eugenics rhetoric into their discourse.

There was a time when historians stressed the romantic origins of National Socialism: the links to German idealism, the nihilism of Nietzsche, or the "Aryan" supremacy ideology of Gobineau, Chamberlain, and Lapouge. Recent research has also shown, though, that biology (and especially biologism) was important in Nazi ideology.⁴ Fritz Lenz, Germany's first professor of racial hygiene, praised Hitler in 1930 as "the first politician of truly great import who has taken racial hygiene as a serious element of state policy." Hitler himself was lauded as the "great doctor of the German people;" he once called his revolution "the final step in the overcoming of historicism and the recognition of purely biological values."

Biological imagery was central in Nazi literature. Schutzstaffel (SS) journals spoke of the need for “selection” to replace “counter-selection,” borrowing their language directly from the social Darwinist rhetoric of the racial hygienists. Nazi leaders commonly referred to National Socialism as “applied biology”; indeed it was Lenz who originally coined this phrase in the 1931 edition of his widely read textbook on human genetics.⁵

The Nazi state itself was supposed to be *biologisch*, or organic, in two separate senses—in its suppression of dissent (the organic body does not tolerate one part battling with another), and also in its emphasis on “natural” modes of living. Natural modes of living were highly prized by Nazi philosophers. Women were not supposed to wear makeup, and legislation was enacted to protect endangered species. Hitler was a vegetarian and did not smoke or drink, nor would he allow anyone to do so in his presence.

Given the importance of biology in Nazi discourse, it is not surprising that doctors were among those most strongly attracted to the Nazi movement. In 1929, several physicians formed the National Socialist Physicians League to coordinate Nazi medical policy and purify the German medical community of “Jewish Bolshevism.” The organization was an immediate success, with nearly 3,000 doctors, representing 6 percent of the entire profession, joining the league by January 1933—that is, before Hitler’s rise to power. Doctors in fact joined the Nazi party earlier and in greater numbers than any other professional group: By 1942, more than 38,000 doctors had joined the party, representing about half of all doctors in the country. In 1937, doctors were represented in the SS seven times more often than was average for the employed male population; doctors assumed leading positions in German government and universities.

Pawns or Pioneers?

One often hears that National Socialists distorted science, that doctors perhaps cooperated more with the Nazi regime than they should have, but that by 1933 it was too late, and scientists had no alternative but to cooperate or flee. There is certainly some truth in this, but I think it misses the more important point that it was medical

scientists who invented racial hygiene in the first place. Many of the twenty-odd university institutes for racial science and racial hygiene were established at German universities before the Nazi rise to power, and by 1932, it is fair to say that racial hygiene had become a scientific orthodoxy in the German medical community. Racial hygiene was taught in the medical faculties of most German universities and was the subject of countless lectures and seminars. The major expansion in this field occurred before Hitler came to power; most of the dozen or so journals of racial hygiene, for example, were established long before the rise of National Socialism.

Racial hygiene was recognized as the primary research goal of two separate institutes of the prestigious Kaiser Wilhelm Gesellschaft: the Kaiser Wilhelm Institute for Anthropology, Human Heredity, and Eugenics in Berlin (1927–1945), directed by Eugen Fischer, and the Kaiser Wilhelm Institute for Genealogy and Demography of the German Research Institute for Psychiatry in Munich (1919–1945), directed by the psychiatrist Ernst Rüdin. Both institutes performed research in the fields of criminal biology, genetic pathology, and what we today would call human genetics. Both also helped train SS physicians; both helped construct the “genetic registries” later used to round up Jews and Gypsies. Twin studies (that is, of identical twins raised apart) were among the leading preoccupations of these and other racial hygiene institutes, the purpose being to sort out the relative influence of nature and nurture in human character and institutions. This was one of the major priorities of Nazi medical research. In 1939, Interior Minister Wilhelm Frick ordered all twins born in the Reich to be registered with public health offices for purposes of genetic research.

The largest racial hygiene institution was Otmar von Verschuer's Frankfurt Institute for Hereditary Biology and Racial Hygiene. This institute had sixty-seven rooms and several laboratories; this was where Josef Mengele did his doctoral research on the genetics of cleft palates, working under Verschuer. Mengele was also appointed assistant to Verschuer and provided “experimental materials” to the institute (including eyes, blood, and other body parts) from Auschwitz as part of a study on the racial specificity of blood types

(funded by the German research community). This was one of the reasons blood groups were so actively studied in the 1930s: When Otto Reche founded the German Society for Blood Group Research in 1926, one of the main reasons he gave for this was to see if he could find a reliable means of distinguishing various races in the test tube. Scientists, in other words, were not simply “pawns” in the hands of Nazi officials. But without a strong state to back them, racial hygienists were relatively impotent. It was not until 1933 that the programs of the pre-Nazi period gained the support of officials willing to move aggressively in this area.

The Sterilization Law

What were the practical results of Nazi racial hygiene? Three main programs—the sterilization law, the Nuremberg racial laws, and the “euthanasia” operation—formed the heart of the Nazi program of medicalized “racial cleansing.” These, especially the euthanasia program, were the programs that cleared the path for subsequent efforts to eliminate entire peoples from European soil.

On July 14, 1933, the Nazi government passed the Law for the Prevention of Offspring with Hereditary Diseases, or sterilization law, allowing the forcible sterilization of anyone suffering from “genetically determined” illnesses, including feeble-mindedness, schizophrenia, manic depressive insanity, hereditary epilepsy, Huntington’s chorea, hereditary blindness, deafness, or “severe alcoholism.” The measure was drawn up after a series of meetings by several of Germany’s leading racial hygienists, including Fritz Lenz, Alfred Ploetz, Ernst Rüdin, Heinrich Himmler (who had been active in breeding chickens prior to 1933), Gerhard Wagner, “Führer” of the National Socialist Physicians’ League, and Fritz Thyssen, an industrialist.

In 1934, 181 Hereditary Health Courts and Appellate Hereditary Health Courts were established throughout Germany to adjudicate the sterilization law. The courts were usually attached to local civil courts and presided over by two doctors and a judge, one of whom had to be an expert on “genetic pathology.” According to the provisions of the law, doctors were required to register every case of genetic illness known to them; physicians could be fined 150 Reich

marks (RM) for failing to register any genetic defective.⁶ Physicians were also required to undergo training in genetic pathology at one of the numerous racial institutes established throughout the country. Also in 1934, the German Medical Association founded a journal, *Der Erbartz (The Genetics Doctor)*, to help physicians determine who should be sterilized; the journal also described the latest sterilization techniques.

Estimates of the total number of people sterilized in Germany range from 350,000 to 400,000. In some areas, more than 1 percent of the total population was sterilized. Compared with the demands of some racial hygienists, this was relatively modest: Lenz, for example, had argued that as many as 15 percent of the entire population was defective and ought to be sterilized.

As a consequence of the law, sterilization research and engineering rapidly became one of the largest medical industries. Medical supply companies designed sterilization equipment; medical students wrote more than 180 doctoral theses exploring the criteria, methods, and consequences of sterilization. There were obvious incentives for developing rapid sterilization techniques, especially for women, for whom the standard tubal ligation could involve a hospital stay of more than a week. The most frightening of these was an "operationless" technique involving scarification of the fallopian tubes through injections of super-cooled carbon dioxide. In 1943, the gynecologist Clauberg announced to Himmler that, using such a technique and with a staff of ten men, he could sterilize more than 1,000 women per day. Sterilizations were also performed with X-rays, a technique also used in the United States at this time.

The United States provided the most important model for German sterilization laws.⁷ By the late 1920s, 15,000 individuals had been sterilized in the United States—most while incarcerated in prisons or institutions for the mentally ill. Nearly half of these took place in California—most of the others in northern states (not, as one might have expected, in the South). German racial hygienists throughout the Weimar period expressed their envy of American achievements in this area, warning that unless the Germans made progress in this field, America would become the world's racial leader.

The Nuremberg Laws

In the fall of 1935, Hitler signed into law the so-called Nuremberg laws—excluding Jews from many privileges of citizenship and preventing marriage or sexual relations between Jews and non-Jews. A further measure, the Marriage Health Law, required couples to submit to medical examination before marriage to see if “racial pollution” might be involved.

The Nuremberg laws were considered public health measures and were administered primarily by physicians. In early 1936, when the Marriage Health Law went into effect, responsibility for administering it fell to marital counseling centers established in the Weimar period. The centers were greatly expanded beginning in 1935; they were renamed “genetic counseling centers” and attached to low-level public health offices. The Nuremberg laws, along with the sterilization law, were two of the primary reasons expenditures and personnel for public health actually *expanded* under the Nazis.

As they had with the sterilization law, German racial theorists learned from the Americans. In 1932, Bavarian Health Inspector Walter Schultze noted that the United States must be regarded as a nation where “racial policy and thinking has become much more popular than in other countries.” Schultze was referring not just to sterilization laws, but to American immigration restriction laws—especially the 1924 Immigration Restriction Act, which cut annual immigration into the United States by some 95 percent.

In subsequent years, racial hygienists looked to other aspects of American racial policy for instruction. Nazi physicians on more than one occasion argued that German racial policies were relatively “liberal” compared with the ways blacks were treated in the United States. Evidence for this was usually taken from the fact that in several southern states, a person with 1/32nd black ancestry was legally black, whereas if someone was 1/8th Jewish in Germany (and for many purposes, 1/4th Jewish), he or she was legally Aryan. Nazi physicians spent a great deal of time discussing American miscegenation legislation. German medical journals reproduced charts showing the states in which blacks could or could not marry whites, could or could not vote, and so forth.

In 1939, Germany's leading racial hygiene journal reported that the University of Missouri had refused to admit black students. The same year, the journal reported that the American Medical Association refused to admit black physicians to its membership. German physicians had only recently (in 1938) barred Jews from practicing medicine (except on other Jews); racial theorists were thereby able to argue that Germany was "not alone" in its efforts to preserve racial purity.⁸

Euthanasia

In early October 1939, Hitler issued orders that certain doctors be commissioned to grant "a mercy death (*Gnadentod*) to patients judged incurably sick by medical examination." By August 1941, when the gas chamber phase of the so-called euthanasia operation was largely brought to a close, more than 70,000 people judged mentally or physically disabled had been killed in an operation that served as a rehearsal for the subsequent destruction of the Jews and Gypsies.

The idea of the destruction of "lives unworthy of life" did not begin with the Nazis, but had been discussed in legal and medical literature long before the Nazi rise to power, and not just in Germany. In 1935, the same year Egas Moniz invented the lobotomy, the French-American Nobel Prize winner Alexis Carrel suggested in his book, *Man the Unknown*, that the criminal and mentally ill should be "humanely and economically disposed of in small euthanasia institutions supplied with proper gases." Six years later, as German psychiatrists were sending the last of their patients into the gas chambers, an article appeared in the *Journal of the American Psychiatric Association* calling for the killing of mentally disabled children.⁹

The fundamental argument for forcible euthanasia was economic: Euthanasia was justified as a kind of "preemptive triage" to free up beds. This became especially important in wartime, when things can happen that would not be tolerated in peacetime. In fact, the euthanasia operation was consciously timed to coincide with the invasion of Poland. The first gassing of mental patients occurred at Posen, in Poland, on October 15, 1939, just forty-five days after the invasion

of that country marked the beginning of World War II.¹⁰ In Germany itself, after the end of the first phase of euthanasia in August 1941, euthanasia became part of normal hospital routine: Disabled infants were regularly put to death; persons requiring long-term psychiatric care and judged “incurable” suffered a similar fate. The war economy claimed many victims: After bombing attacks made space short, psychiatric institutes were cleared out (their patients murdered) to make up for lost space. In at least one instance, a home for the elderly was emptied in this fashion—its inhabitants sent to Meseritz-Obrawalde, in Poland, where they were killed.¹¹

Precedents for these policies began during World War I, when half of all German mental patients starved to death (45,000 in Prussia alone, according to one estimate)—they were simply too low on the list to receive rations. In the Nazi period, the starvation of the mentally ill, the homeless, and other “useless eaters” became official state policy, after a prolonged propaganda campaign to stigmatize mentally ill and disabled people as “lives unworthy of life.”¹²

The euthanasia program was planned and administered by leading figures in the German medical community. When the first experiments to test gasses for killing took place in Brandenburg Hospital in January 1940, Viktor Brack, head of the operation, emphasized that such procedures “should be carried out only by physicians.” Brack cited the motto: “The needle belongs in the hand of the doctor.”

It is also important to appreciate both the banality and the popularity of the euthanasia operation. In 1941, for example, the psychiatric institution at Hadamar celebrated the cremation of its ten-thousandth patient in a special ceremony, where everyone in attendance—secretaries, nurses, and psychiatrists—received a bottle of beer for the occasion. The operation was also popular outside the medical community. Parents were made to feel shame and embarrassment at having to raise an abnormal or malformed child. Hospital archives are filled with letters from parents writing to health authorities requesting their children be granted euthanasia.

Historians exploring the origins of the Nazi destruction of “lives unworthy of life” have only in recent years begun to stress the link between the euthanasia operation and the Final Solution. As Henry

Friedlander and others have shown, the two programs were joined in both theory and practice. The most important theoretical link was what might be called the "medicalization of anti-Semitism," part of a broader effort to reduce a host of social problems to medical or ideally surgical problems.

The "Jewish question," for example, was commonly cast as a public health problem; in fact, the official journal of the German Medical Association (*Deutsches Ärzteblatt*) published a regular column during the war years on "Solving the Jewish Problem." One of the leading research priorities in this period was to study the racial specificity of disease, which was the purpose behind the blood group research mentioned earlier. In 1935, when Gerhard Wagner, Führer of the National Socialist Physicians League, addressed the Nuremberg Party Congress, he was able to cite extensive medical research proving that various "diseases," including homosexuality, insanity, feeble-mindedness, hysteria, suicide, gallstones, bladder and kidney stones, neuralgia, chronic rheumatism, and flat feet, were more common among Jews than non-Jews. In the same speech at which he proposed the destruction of mentally ill people, Wagner declared that "Judaism is disease incarnate."

The medicalization of deviance continued into the war years. The first Nazi-administered Jewish ghettos in Poland, for example, were justified in terms of a quarantine; only medical authorities could grant permission to enter or leave the ghettos. This of course eventually became a self-fulfilling prophecy: Medical journals in the early 1940s denounced the Jewish "race" as a diseased race and invoked statistics on typhus levels in the Warsaw ghetto to prove their contention.

In the course of the late 1930s, German scientists proposed a number of different solutions to the Jewish question. The agronomist Dr. Hefelmann suggested exporting all Jews to Madagascar. Dr. Philip Bouhler proposed sterilizing all Jews by X-rays. Viktor Brack recommended the sterilization of the two to three million Jews capable of work, who might be put to use in German factories.

The ultimate decision to gas the Jews emerged from the fact that the necessary technical apparatus already existed for the destruction of mentally ill people. In the fall of 1941, with the bulk of the

euthanasia operation completed, the gas chambers at psychiatric hospitals were dismantled and shipped east, where they were reinstalled at Majdanek, Auschwitz, and Treblinka. The same doctors, technicians, nurses, and managers often followed the equipment. In this sense, there was a continuity in both theory and practice between the destruction of the “lives unworthy of life” in Germany’s mental hospitals and the destruction of German ethnic and social minorities.

Conclusion

Most leading German physicians supported the Nazis. Physicians commonly boasted that their profession had shown its allegiance earlier and in greater strength than any other professional group. But why?

First of all, the medical profession at this time was quite conservative. Prior to 1933, the leadership of the profession was dominated by the Deutschnationalen—a German nationalist party that subsequently threw its support to Hitler. Not all physicians, of course, were conservative. The profession was politicized and polarized after the economic collapse in the late 1920s and early 1930s; physicians moved from the center to the left or the right. The socialists and communists, however, were always a minority in the German medical community. By the end of 1932, the National Socialist Physicians League was twice as large as the Association of Socialist Physicians (3,000 versus 1,500 members). In the Reichstag elections leading to the Nazi seizure of power, nine physicians were elected to represent the Nazi Party, while only one physician was elected to represent the socialists.

Apart from this conservatism, it is possible to argue that there was a certain ideological affinity between medicine and Nazism at this time. Many physicians were attracted by the importance given to race in the Nazi view of the world. Race at this time was generally considered a medical or anthropological concept (most anthropologists were trained as physicians); physicians were intrigued by the Nazi effort to biologize, or medicalize a broad range of social

problems, including crime, homosexuality, the falling birth rate, the collapse of German imperial strength, and the "Jewish and Gypsy problems."

The Nazis, in turn, were able to exploit both the intimacy and the authority of the traditional physician-patient relationship. Crudely put, enacting their policies became much easier with doctors' support. Doctors served as executioners on German submarines; they routinely performed "selections" of people to be killed in concentration camps. Himmler recognized the special role of physicians in this regard: On March 9, 1943, the Reichsführer of the SS issued an order that henceforth only physicians trained in anthropology could perform selections at concentration camps.¹³ Medicine also served as a disguise: In Buchenwald seven thousand Russian prisoners of war were executed in the course of supposed "medical exams," using a device disguised as an instrument to measure height.

There is a further element. The rise of the Nazis coincided with a period of concern about what was widely known as the "crisis" in modern science and in medicine: a crisis associated with the increasing specialization and bureaucratization of science, a crisis traced alternatively to urbanization, capitalism, Bolshevism, materialism, or any of a host of other real and/or apparent threats to human health and well-being. The Nazis promised to restore Germany to a more natural (*biologische*) way of living: Nazi philosophers rejected separate sciences "for the laboratory and the bedside;" science in the new state would challenge Galileo's claim "to measure what is measurable, and make measurable what is not." Nazi philosophers promised a future with "more Goethe, and less Newton."

In such a climate, Jews became convenient scapegoats for all that was wrong in modern medicine. This was especially easy because Jews were in fact quite prominent in the German medical profession: 60 percent of Berlin's physicians, for example, were either Jewish or of Jewish ancestry. Jews were blamed for the bureaucratization and scientification of medicine; Jews were accused of transforming medicine from a "calling" into a "trade," from an "art" into a "business." National Socialism promised to eliminate the Jews, restoring the honor and status of the doctor.

People with disabilities were also easily perceived as a menace to German society. Given the emphasis on conformity, normalcy, speed, and performance, disability was easily tarred as an obstacle in the quest for German “health.”

Doctors who embraced National Socialism were considered “guardians of the nation’s health.” The Nazi state rewarded them, and the medical profession prospered—after the banishment of the Jews and communists, of course. It may even be true that physicians achieved a higher status in the Nazi period than any time before or since. During the twelve years of Nazi rule, for example, the office of Rektor (president) at German universities was occupied by physicians about half of the time. This contrasts with 19 percent for the decade prior to the rise of the Nazis, and 18 percent for the two decades following the Third Reich. Doctors also prospered financially under the Nazis. In 1926, lawyers earned an average annual salary of 18,000 RM, compared with only 12,000 RM for physicians. By 1936, doctors had reversed this and were earning 2,000 RM more than lawyers.

The Nazis were, it is true, hostile to certain forms of theoretical science, especially certain forms of physics and mathematics. But they did support many areas of the sciences, including the applied and engineering sciences, and social sciences such as psychology and anthropology.¹⁴ More than 150 German medical journals were published continuously through the Nazi period—more than 100 meters of shelf space of journals. Few medical journals ceased publication in the early years of the regime; most of those which did cease publication did not close until the mid-war years. In fact, more than thirty new medical journals began publishing during the Nazi period, several of which are still published today.

Biomedical science was *not*, in other words, simply destroyed by the Nazis—the story is more complex. The Nazis suppressed some areas and encouraged others. They supported extensive research into ecology, public health, carcinogenesis, human genetics, criminal biology, and (of course) racial and sociobiology. The Nazi government funded elaborate research on the effects of exposure to X-rays and heavy metals; some of the first reliable studies of the health effects

of asbestos were done in this period. Nazi scientists were the first to show that tobacco is the major cause of lung cancer and the first to realize that asbestos was also a cause of lung cancer.¹⁵ Nazi leaders organized massive support for midwifery, homeopathy, and a number of other areas of heterodox medicine. Nazi physicians recognized the importance of a diet high in fruit and fiber, passing laws requiring bakeries to produce whole-grain bread. Nazi physicians restricted the use of DDT, and denied pregnant women tobacco-rationing coupons on the grounds that nicotine could harm the fetus. Nazi physicians stressed the importance of preventive rather than curative medicine. Racial hygiene was supposed to provide long-term preventive care for the German germ plasm, complementing shorter-term social and individual hygiene.

I have stressed the continuity with pre-1933 traditions; I do not have space here to discuss the important postwar continuities. Let me simply note that it is important to appreciate not just the extent to which the Nazis were able to draw upon the imagery and authority of science, but also the extent to which Nazi ideology informed the practice of science. Scientists were not bystanders, or even pawns; many (not all, but not a few) helped to construct the racial policies of the Nazi state. It is probably as fair to say that Nazi racial policy emerged from the scientific community as to say that it was imposed from within the scientific community.

It is commonly said that the Nazis politicized science, and that much of what went wrong under the Nazis can be traced to this politicization. The argument made here is that one cannot consider the experience of the medical profession in terms of a simple “use and abuse” model of science. Among physicians, there were as many volunteers as victims; no one had to force physicians to support the regime. Hefelmann testified to this effect in the euthanasia trial at Limburg in 1964: “No doctor was ever ordered to participate in the euthanasia program; they came of their own volition.”¹⁶

The Nazis did not have to politicize science; in fact, it is probably fair to say that the Nazis “de-politicized science” in the sense that they *removed* from science the political diversity that makes the politics of science, or medicine, or technology, interesting. The Nazis

destroyed a vigorous socialist medical tradition that had transformed Weimar medical practice by establishing local outpatient clinics, self-help networks, and so forth. National Socialism was supposed to be a “movement,” not a “party.” The Nazis sought to transform problems of racial, sexual, or social deviance into “medical problems;” Germany’s social and political problems would be solved by “cleansing,” “disinfection,” and “surgery.” Murder was practiced in the name of quarantine, apartheid in the name of public health.

The horrors of this period cannot be attributed to anything *inherent* in science or in medicine, or even in “technocracy” or the rule of technical elites. It took a powerful state to concentrate and unleash the destructive forces within German medicine, and without that state, science would have remained impotent in this sphere. In the midst of a war engineered by an aggressive, expansionistic state, Nazi ideologues were able to turn to doctors and scientists to carry out programs that even today stand as unexcelled exemplars of evil. If there is a lesson to be learned, it is that there are tragic consequences to defining certain classes of people as “useless” or “defective” or “lives unworthy of life.” That is a message that often bears repeating.

Notes

1. Parts of this essay have appeared before in my “Nazi Doctors, Racial Medicine, and Human Experimentation,” in *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation*, ed. George J. Annas and Michael Grodin (New York: Oxford University Press, 1992), 17–31.
2. See Robert J. Lifton, *Nazi Doctors* (New York: Basic Books, 1986); Michael H. Kater, *Doctors under Hitler* (Chapel Hill: University of North Carolina Press, 1989); Hendrik van den Bussche, ed., *Medizinische Wissenschaft im “Dritten Reich”* (Hamburg, 1989); Heidrun Kaupen-Haas, ed., *Der Griff nach der Bevölkerung* (Nördlingen: F. Greno, 1986); Benno Müller-Hill, *Murderous Science: Elimination by Scientific Selection of Jews, Gypsies, and Others, Germany 1933–1945* (New York: Oxford University Press, 1988); Karl Heinz Roth, ed., *Erfassung zur Vernichtung, von der Sozialhygiene zum “Gesetz über Sterbehilfe”* (Berlin: Verlagsgesellschaft Gesundheit, 1984); Achim Thom and Horst Spar, eds., *Medizin im Faschismus* (East Berlin, 1983); Michael Burleigh, *Death and Deliverance: “Euthanasia” in Germany, c. 1900–1945* (New

York: Cambridge University Press, 1994); also my *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass.: Harvard University Press, 1988).

3. Alfred Ploetz, *Die Tüchtigkeit unserer Rasse und der Schutz der Schwachen* (Berlin, 1895).

4. Biologism (or biological determinism) is the view that "nature" is more important than "nurture" in the formation of human character and institutions. Typically it is the view that men and women, or different races, have different inborn talents or disabilities—that certain individuals, for example, are "born criminals," or that the occupations people choose are largely determined by their inherited capacities. See Richard Lewontin, Steven Rose, and Leon J. Kamin, *Not in Our Genes: Biology, Ideology and Human Nature* (New York: Pantheon Books, 1984).

5. Fritz Lenz, *Menschliche Auslese und Rassenhygiene (Eugenik)*, 3d ed. (Munich, 1931), 417.

6. Physicians, dentists, nurses, midwives, and directors of mental institutions were all required to register anyone suffering from infirmities named in the law. Children under the age of fourteen were not to be forcibly sterilized, but a petition for sterilization could be issued anyone over the age of ten. See the *Reichsgesetzblatt* 1 (1933): 1021. Local health offices were empowered to inspect municipal and private institutions to guarantee that everyone falling within the rubric of the law would be brought before the courts. On February 25, 1935, the hereditary health courts were granted powers to disbar any attorney who persisted too vigorously in arguing that their clients should not be sterilized. See the *Reichsgesetzblatt* 1 (1935): 289.

7. The fact that Americans had pioneered forcible sterilization was important in postwar deliberations concerning whether the German sterilization program should be considered a "war crime." Nuremberg authorities generally did not consider forcible sterilization criminal. After the war, individuals who had been sterilized received compensation as victims of Nazi oppression only if they could prove they had been sterilized *illegally*—that is, only if they could prove they were *not* in fact genetically feeble-minded, alcoholic, epileptic, deaf, etc. The reason for this was obvious—similar programs had been widespread in the United States.

8. See "Keine Negerärzte in der amerikanischen Standesorganisation," *Archiv für Rassen- und Gesellschaftsbiologie*, 33 (1939–1940): 276; also 33 (1939–1940): 96.

9. Foster Kennedy, "The Problem of Social Control of the Congenitally Defective: Education, Sterilization, Euthanasia," *American Journal of Psychiatry* 99 (1942): 13–16 (see also 141–43).

10. Institut für Zeitgeschichte, *Medizin im Nationalsozialismus* (Munich, 1988), 24–25.

11. Ibid., 25–26.

12. Cited in Friedrich Kaul, *Nazimordaktion T4: Ein Bericht über die erste industrieläufig durchgeföhrte Mordaktion des Naziregimes* (Berlin: VEB Verlag Volk und Gesundheit, 1973), 77–78.
13. Benno Müller-Hill, *Murderous Science: Elimination by Scientific Selection of Jews, Gypsies, and Others, Germany 1923–1945* (New York: Oxford University Press, 1988), 18.
14. For the case of anthropology, see my “From *Anthropologie* to *Rassenkunde*: Concepts of Race in German Physical Anthropology,” in *Bones, Bodies, Behavior: Essays on Biological Anthropology*, ed. George Stocking (Madison: University of Wisconsin Press, 1988).
15. See my “The Nazi War on Tobacco,” *Bulletin of the History of Medicine*, 1997.
16. Frederic Wertham, *A Sign for Cain: An Explanation of Human Violence* (New York: Macmillan, 1966), 167.

Targeting the “Unfit” and Radical Public Health Strategies in Nazi Germany

Patricia Heberer

Nazi ideology identified Jews and Gypsies living within and without the Reich borders as foreign and parasitic elements that threatened the German body politic, and targeted them on biological bases for discrimination and destruction. Yet, even within the German “racial community,” there were components of that population that constituted a biological and economic danger: “hereditarily compromised” (*erblich belastet*), “asocial,” and “unproductive” people who ostensibly made no significant “contribution” to society and whose existence placed a genetic and financial burden upon the state. Thus, Nazi political and medical authorities increasingly divided their community (*Volksgemeinschaft*) into its “fit” and “unfit” members.¹ In the twelve years of the National Socialist dictatorship, the government promoted measures that sought to nurture and maintain the genetically, racially, and socially “valuable,” while on a parallel course, it embraced strategies aimed at marginalizing the “unvaluable” and reducing the cost these people placed upon the social welfare network. The targets for these efforts against the unfit were various and fluctuated over time, but included congenitally and hereditarily ill people, institutionalized mentally and physically disabled people, the learning-impaired and “work-shy,” and those “asocials” who did not conform to Nazi Germany’s societal or political norms. Because the definition of “unfit” had genetic or biomedical implications, the National Socialist leadership adopted a series of radical public health measures—usually implemented by public or private medical professionals—to accomplish these objectives (see Friedlander and Proctor, this volume). These strategies began with compulsory sterilization and escalated with the

radicalization of racial and territorial policies, ending in the regime's first program of systematic mass murder.

Much of Nazi ideology and policy focusing on the "unfit" grew from eugenic theories, which gained currency with the flourishing of the natural sciences in the last decades of the nineteenth century. The term "eugenics" (or "good birth") was coined by the English naturalist and mathematician Sir Francis Galton in 1883; its German corollary, *Rassenhygiene* (racial hygiene), was first invoked by the economist Alfred Ploetz in 1895. At the core of the movement's belief system was the conviction that human heredity was fixed and immutable, a concept that gained adherence with the advance of Darwinism—especially Social Darwinism—and with the rediscovery in the late nineteenth century of Mendelian genetics. For eugenicists, the ravaging social ills that attended modern society—mental illness, alcoholism, illegitimacy, prostitution, sexually transmitted diseases, tuberculosis, criminality, and even poverty—stemmed from hereditary factors. It scarcely occurred to many proponents of eugenics that the societal problems that they perceived burgeoning about them might have their origins in social or environmental factors, or that these evils in fact did spring in large part from the rapid industrialization and urbanization that marked the last half of the nineteenth century in Western Europe and the United States. Adherents of eugenic theories noted only that in this new age of progress, society itself seemed to languish in a state of degeneration and hoped to mobilize "modern" science to arrest the perceived cycle of decay. Eugenics advocates championed three primary objectives: to discover and enumerate "hereditary" characteristics that contributed to the social ills that plagued Western society, to develop biological solutions for these scourges, and to campaign actively for public measures that might combat them.

While the "science" of eugenics was to find its most radical interpretation in Germany, its influence was by no means limited to that nation alone. Eugenic research institutions sprang up throughout most of the industrialized Western world, most notably in the United States and Great Britain.² Whether in England, America, or in Wilhelmine Germany, most eugenicists lobbied for "positive" eugenic

measures aimed at supporting and maintaining physically, racially, and hereditarily “healthy” individuals through social welfare for “deserving” families, marriage counseling, and motherhood training to encourage the “better” (generally middle class) families to have more children.

Dovetailing with efforts to sustain and cultivate the “fit” and “productive” came initiatives to hinder and circumscribe society’s “unproductive” elements and to redirect social and economic resources from the “less valuable” to the “worthy.” Many members of the eugenics community, in Germany as well as in the United States, promoted strategies that might marginalize segments of society with limited mental or social capacity and limit their reproduction through voluntary or compulsory sterilization. Eugenicists focused on the mentally ill, the learning impaired, and those with subnormal intelligence, attempting to forge a link between diminished capacity and depravity, promiscuity and criminality. They viewed as a menace the racially “inferior,” the “shiftless” and “unemployable,” and those who engaged in “asocial” or “antisocial” behavior, for they ostensibly transmitted their poverty, “worthlessness,” and dependency on the public till through the modus of heredity.³ Likewise, disabled people—especially those whose conditions were considered to be congenital or inherited—were seen to endanger the national hereditary community and to place an undue financial burden on the society that paid for their upkeep.

We know, with the advantage of hindsight, that the German eugenics effort pursued a terrible and separate course after 1933; but before 1914, the German racial hygiene movement did not differ appreciably from its British and American counterparts.⁴ A genuine radicalization of the German eugenics community, however, began shortly after the World War I. Here, the unprecedented carnage that accompanied the “Great War” and the economic hardships of the interwar years served in tandem to underscore in popular conception the division between the healthy, “fit,” and “useful” Germans who had died on the battlefield, and the “unfit,” “unproductive” Germans institutionalized in prisons, hospitals, and welfare facilities on the home front. While their racially and hereditarily “valuable”

countrymen had sacrificed their lives for the fatherland, these “impaired” and “compromised” individuals had remained behind to survive and propagate, their sustenance drawn from the slender resources of the state. A genetic allegory of the “stab-in-the-back” legend, such argumentation resurfaced again and again in the Weimar and early Nazi eras to justify increasingly extreme measures against institutionalized and “socially disabled” persons.

In the early 1930s, eugenics began to lose favor within the international scientific community, following advances in biology, the natural sciences, and medicine.⁵ But eugenics, or racial hygiene in the German context, had by this time been worked into the ideology of the Nazi Party and had prepared the German terrain for its extreme measures. When the National Socialists came to power in 1933, their leaders possessed not only the conviction of a eugenic worldview, but the volition to implement such an ideology in very concrete terms. Thus, in the years between 1933 and 1945, eugenic concepts found expression in their most radical forms. A significant portion of these measures were aimed at circumscribing and eradicating “unfit” members living within the German *Volksgemeinschaft*.

Targeting the “unfit” began in the early months of the Nazi dictatorship, when a rapid *Gleichschaltung* of the medical and juridical communities, as well as that of the civil bureaucracy, ensured that the eugenic and racial theories embedded in National Socialist ideology translated into state policy.⁶ On June 2, 1933—less than six months after Hitler’s appointment as chancellor—an Expert Advisory Council on Questions of Population and Racial Policy (*Sachverständigen-Beirat für Bevölkerungsfragen und Rassenpolitik*) formed at the invitation of Reich Interior Minister Wilhelm Frick. Chaired by Arthur Gütt, head of the Interior Ministry’s Department IV for Public Health Affairs, the council assembled the foremost figures of the nation’s eugenics movement, including Alfred Ploetz, the father of German racial hygiene; Ernst Rüdin, director of the Kaiser Wilhelm Institute for Genealogy and Demography of the German Research Institute for Psychiatry in Munich; and Gerhard Wagner, who would be named Reich Physician Leader (*Reichsärzteköpfchen*), the leading medical post in the Nazi Party. At its inaugural meeting,

Frick enjoined the group to forge a new population policy that would reverse the dwindling birth rate, stem the tide of Jewish immigration from eastern and central Europe, and halt the birth of “degenerate,” “hybrid,” and “genetically diseased” offspring that polluted Germany’s hereditary gene pool and burdened its social welfare network.⁷

A comprehensive strategy of “gene and race cultivation” was envisioned; at its core stood measures intended to advance the reproductive capacity of racially and genetically “healthy” Germans and to proscribe the propagation of the “hereditarily compromised.” On July 14, 1933, with the encouragement of Gütt’s advisory council, the Hitler cabinet approved the Law for the Prevention of Offspring with Hereditary Diseases (*Gesetz zur Verhütung erbkranken Nachwuchses*, or the GzVeN). The new legislation ordered the compulsory sterilization of persons with certain afflictions. Five of the diseases specifically designated in the ordinance represented psychiatric or neurological disorders, including schizophrenia, manic-depressive (or bipolar) disorder, hereditary epilepsy, Huntington’s chorea, and “hereditary feeble-mindedness.”⁸ Physical conditions or diseases that warranted sterilization under the new legislation were congenital blindness, congenital deafness, serious physical deformity, and severe alcoholism. Medical professionals, including doctors, dentists, nurses, and midwives, were now duty-bound to report patients with these illnesses or disabilities in the exercise of their office. Directors of hospitals, mental institutions, schools, prisons, workhouses, and concentration camps also proposed candidates for sterilization. Denunciation by ordinary citizens was not uncommon. Yet the overwhelming number of proposals dispatched to the newly constructed sterilization courts came through the state medical offices, which received and compiled information from physicians, social workers, and public welfare agencies.

The new law took effect in January 1934, and its impact was immediate, with 388,400 proposals for sterilization advanced in the first year alone. The flood of petitions from medical authorities and other sources created an immediate backlog of active cases, so that the hereditary health courts (*Erbgesundheitsgerichte*) managed to adjudge

only 84,604 of these suits in the first twelve months of the law's application. Of these, the overwhelming number of cases—62,463, or 92.8 percent—were approved.⁹ Reliable statistics exist only for the first years of the sterilization program.¹⁰ Yet it is clear that the number of cases brought before the hereditary health courts in subsequent years closely matched 1934 figures. The most careful study of available data suggests that from January 1, 1934 until war's end in May 1945, some 400,000 Germans were forcibly sterilized under the terms of the Nazi sterilization law.¹¹ This figure does not include the thousands of Jews, Gypsies (Roma and Sinti), Poles, and other victims sterilized extra-legally in Nazi concentration camps during the war years.¹²

Who were the victims of National Socialist sterilization policy? Naturally, the majority were those who suffered from mental illnesses or from other congenital diseases outlined in the Law for the Prevention of Offspring with Hereditary Diseases. For the first year the measure was in place, a breakdown of sterilization cases by disease is available. Such statistics illustrate that congenital feeble-mindedness [*angeborener Schwachsinn*] and schizophrenia (52.9 percent and 25.4 percent, respectively) represented the chief bases for sterilization, at least in this initial period. Those individuals suffering from hereditary epilepsy comprised another 14 percent of compulsory procedures, while manic-depressive disorder and chronic alcoholism combined to make up another 5.6 percent of sterilization victims. Those physical disorders or disabilities outlined in the legislation comprised a small percentage of sterilization cases, with congenital deafness at 1 percent, congenital blindness at 0.6 percent, severe physical malformation at 0.3 percent, and the rare Huntington's chorea at 0.2 percent.¹³ These figures clearly indicate a preponderance of enforcement of sterilization policy in instances of mental illness. Likewise, they demonstrate that those disorders whose definition implied a certain elasticity of application allowed inclusion of a broader range of victims. Nowhere was this more true than in the case of hereditary feeble-mindedness, whose ambiguous definition permitted physicians and psychiatrists to include not only those diagnosed as mentally retarded or learning-impaired but also the socially aberrant, or those

whom National Socialist medical officials deemed “asocial”: vagrants, prostitutes, sexually promiscuous women (especially if these had had more than one illegitimate child), petty criminals, local “ne’er-do-wells,” and juvenile delinquents who experienced trouble with school authorities or the police. More and more often, labels like *asozial* (“asocial”), *arbeitsscheu* (“work-shy”), and *gemeinschaftsunfähig* (“unable to function in the broader community”) took on a pseudoscientific context, with the sterilization law seen as the method by which to combat and prevent these characteristics.¹⁴

Another piece of legislation linked to the eugenic sterilization law was the Law against Dangerous Habitual Criminals and Concerning Measures for Detention and Rehabilitation (Gesetz gegen gefährliche Gewohnheitsverbrecher und über Massregeln zur Sicherung und Besserung, or GgGSB), which allowed castration of those convicted of sexual offenses, including male homosexuality, and the compulsory sterilization of mentally ill felons, based not upon their status as criminals but their psychiatric condition. Just as the Law for the Prevention of Offspring with Hereditary Diseases envisioned a biomedical solution intended to curb the reproduction of “hereditarily compromised” individuals, tenets of the Law against Dangerous Habitual Criminals aimed to prevent the “propagation” of persons evincing recidivist criminal behavior, a trait long held by adherents of eugenic theory to be hereditary. The sterilization law and the Law against Dangerous Habitual Criminals had been promulgated at the same cabinet session, but because Nazi authorities did not wish to tie the sterilization of the congenitally ill to that of criminals, the two laws were not combined in the same legislation nor published at the same time.¹⁵ The German historian Gisela Bock successfully argues that both of these laws dovetailed within a broader and mutually reinforcing network of pro-natal and anti-natal policies.¹⁶ Measures like the promotion of marriage loans and children’s allowances and the introduction of the *Mutterkreuz* in 1939, an honor given to German mothers who had four or more children, were geared to promote Germany’s “fit” and “valuable” citizens and to encourage them to bear racially desirable offspring.¹⁷ While these financial and honorary entitlements were tied to racial hygiene

qualifications, anti-natal measures like the Marriage Health Law (Ehegesundheitsgesetz) took the Nazi campaign against the hereditarily “unfit” to its next logical step. Parallel to the infamous Law for the Protection of German Blood and German Honor, one of the so-called Nuremberg Laws of September 1935, the Marriage Health Law of October 18, 1935, prohibited the marriage of “diseased, inferior, or dangerous genetic material with those of superior material.”¹⁸ Just as the aforementioned “Blood Protection Law” banned marriage or sexual contact between German “Aryans” and Jews, the Marriage Health Law forbade marriage between consenting adults if either partner suffered from mental illness or from chronic or severe alcoholism; had a hereditary disease such as epilepsy, congenital deafness, or blindness; or if one of the affianced stood under legal guardianship on medical grounds. Likewise, permission to marry might be denied if either party had a serious contagious illness. Before marriage, German couples had to prove that no such impediment existed by obtaining a Certificate of Marital Fitness. Individuals who were refused such a certificate could appeal to their local hereditary health courts, but those who violated the final decision of health officials by marrying without certification could be sentenced to prison. With the prohibition of marriage for the biologically deficient, the anti-natal policies aimed at the “unfit” had come full circle.

The Marriage Health Law and, more significantly, compulsory sterilization, proved the opening salvo in the attack upon Germany’s mentally and physically disabled population. This attack continued throughout the first decade of the National Socialist dictatorship. In the mid-1930s, Nazi medical and racial hygiene authorities headed by Walter Gross, director of the Information Office for Population Policy and Race Cultivation (Aufklärungsamt für Bevölkerungspolitik und Rassenpflege), initiated a full-scale propaganda campaign against institutionalized and hereditarily unfit people. In large part, Gross and his colleagues undertook such action in order to garner grassroots support for the Nazi sterilization policy, but it is clear that these steps also served to underpin the foundations of more radical eugenic strategies and to prepare the public for such measures. “Documentary” films—usually shorts

shown before feature films—like *Das Erbe (The Inheritance)* (1935), *Erbkrank (Congenitally Ill)* (1936), and *Opfer der Vergangenheit (Victims of the Past)* (1937) sought to dehumanize and marginalize severely mentally and physically disabled people in the eyes of their fellow Germans. In tandem with these propaganda efforts, Nazi officials organized public tours of asylums and other custodial facilities with the express intention of horrifying visitors and showcasing the most distressing aspects of mental illness and physical disability. Such public excursions also served to promote Nazi ideology and party eugenics policy. In 1936, the Bavarian sanatorium Eglfing-Haar, near Munich, hosted forty representatives from the Reich Leadership School of the Sturmabteilung (SA), two hundred racial “experts” from the SS Oberabschnitt Munich-South, fifty leaders and instructors of the SS-Standarte “Julius Schreck,” as well as several delegates from the German Labor Front (DAF). Between 1933 and 1939, 21,000 individuals—including 6,000 SS members—took the Eglfing-Haar institution alone.¹⁹

Popular and professional magazines like *Weg und Ziel, Neues Volk*, and *Volk und Rasse* echoed such sentiments. In one issue, the latter publication presented a photographic layout pairing severely congenitally ill and institutionalized mental patients with healthy counterparts. The caption instilled a clear message: “This three year old, born deaf, crippled, and completely retarded, costs the city of Berlin eight Marks a day [while] the family of five with an unemployed family father receives only 24 Marks a week and spends half of that on rent.” Readers were reminded that they were ultimately the financial bearers of these hereditarily impaired “ballast existences.”²⁰ Arguments such as these even surfaced in children’s textbooks. A mathematics primer for thirteen- and fourteen-year-olds contained the following story problem:

The costs for one hereditarily ill patient today amount to 4.5–6 Reichsmark [RM] per day. Calculate the total sum of the cost per day, per month, per year. . . . In the year 1930, approximately 1 billion RM were spent for the hereditarily ill. In contrast, only 730 million RM were spent for the *Reichswehr* in 1930 and only 713 million RM for the whole Reich administration. . . . How many farm

settlements, of which each should cost 32,000 RM, could have been constructed with the amount used for the hereditarily ill? How many homesteads could have been erected with this sum, if the aggregate building cost was 6,000 RM per house?²¹

Such sentiments underpinned and elucidated a chief goal of Nazi public health policy throughout the middle and late 1930s: the reduction of costs for institutional care. In a sense, a circumspect cost-cutting policy in public spending proved necessary following Germany's disastrous financial crises of the 1920s and 1930s. Local governments had introduced austerity measures at state sanatoria and public nursing homes already during the Weimar years, yet by 1939, expenditures for institutionalized patients and for those living in custodial settings had been reduced so dramatically that in facilities for mentally ill and physically disabled people, patients in many regions died from malnutrition, infection, and disease.²² Starvation had occurred too, on a massive scale, during World War I, when facility officials consciously deprived inmates of dwindling rations, but what had then proved an emergency measure was now public health policy.²³ In the former Prussian state of Hessen-Nassau, for example, where local public health officials proved particularly zealous in advocating the Nazi *Sparpolitik* ("politics of economizing"), directors of state-run facilities for disabled and chronically ill people slashed already rock-bottom expenditures while filling their institutions to overflowing. At Hadamar, a public mental health facility near the Hessian city of Limburg on the Lahn, per diem cost allowances for most patients confined at the facility reached .44 RM in December 1937, compared to a Depression-era low of 2.94 RM per day in 1932—a sum that had then drawn criticism from Communist Party members of the local communal assembly on the grounds that such a daily expenditure subjected institutionalized individuals to "starvation conditions."²⁴ Similar conditions prevailed at Hadamar's sister facility, Eichberg, the institution that had housed 753 persons in 1934 and held 1,137 inmates in 1939, while personnel cuts meant that each physician on staff cared for approximately 300 patients.²⁵ Disintegrating conditions at German mental health and long-term care facilities produced a kind of marginalization of institutionalized

individuals. In the same manner in which disenfranchisement, expropriation, and discrimination had severed German Jews from their points of support in the community and undercut potential sympathy for their plight, the wretched existence of institutionalized patients further dehumanized them in the eyes of their caretakers and German society as a whole, a distancing that would hasten their destruction.

On August 31, 1939, on the eve of the Polish campaign that launched World War II, the National Socialist leadership issued a decree that effectively dismantled the bureaucratic apparatus implementing the Marriage Health Law and that limited compulsory sterilizations to cases “with particularly great danger in propagation.”²⁶ In part, German authorities may have initiated a scaling back of the sterilization measure in order to secure public support for the regime in the upcoming conflict. The Law for the Prevention of Offspring with Hereditary Diseases had proven genuinely unpopular, particularly in Catholic circles. Sterilization policy and the cumbersome procedures attendant to the Marriage Health Law likewise drained vital human resources—doctors, jurists, and civil officials—which were now needed for the war effort. Yet, perhaps the deceleration of these efforts may also have figured as a component in a decision to achieve the same public health goals by more radical means. By diverting medical professionals and administrators from the halted sterilization campaign, the way was now clear to extend Nazi eugenic measures against the “genetically unfit” to their logical conclusion: to the killing of institutionalized mentally and physically disabled people.

The so-called “euthanasia” program was the National Socialist government’s first campaign of mass murder, preceding the “Final Solution” by approximately two years. More radical, certainly, than previous public health strategies marshaled against Germany’s unfit, the euthanasia effort aimed at freeing the nation’s economic and genetic resources from the drain of severely mentally and physically ill people and was thus in keeping both with Nazi racial policy, as well as with its utilitarian doctrine. The reduction of essential services for disabled people, which preceded wholesale murder, had

represented an effort to divert vital resources from those deemed unproductive to valuable German citizens. This policy had long been advocated by adherents of the eugenics movement, but as state policy radicalized, voices within the Nazi hierarchy began to call not only for the prevention and preclusion of the “hereditarily unfit,” but the elimination of these elements from German society.

In the spring months of 1939, euthanasia strategists—led by Philipp Bouhler, the director of Hitler’s private chancellery, and Karl Brandt, Hitler’s attending physician—began to organize a secret killing operation targeting disabled children.²⁷ On August 18, 1939, the Reich Interior Ministry circulated a decree, “Requirement to Register Deformed, etc. Newborns,” stipulating that all physicians, nurses, and midwives must report newborn infants and children under the age of three who showed signs of “idiocy”; mongoloidism, now called Down’s Syndrome (especially in those cases with attendant blindness or deafness); microcephaly; severe or progressive hydrocephaly; deformities of all kinds, especially missing limbs or severe malformation of the head or spine; and paralysis, including Little’s Disease, formerly spastic diplegia.²⁸ According to the eyewitness testimony of euthanasia doctor Fritz Mennecke at the Nuremberg Doctors’ Trial, the age of the children in question was first raised to eight, then twelve years, and finally included juveniles up to seventeen years of age.²⁹ Conservative estimates suggest that at least 5,000 physically and mentally disabled children were murdered through starvation or lethal overdoses of medication at some thirty special pediatric units throughout the Reich.³⁰

By 1940, an adult killing operation was established that paralleled the murder program of disabled German infants and children. Code-named Operation T4, the effort took its epithet from the street address of its central office in Berlin’s Tiergartenstrasse. Using a practice developed for the child euthanasia program, T4 planners began in the autumn of 1939 to distribute carefully formulated questionnaires to all public health officials, public and private hospitals, mental institutions, and nursing homes for chronically ill and aged people. The limited space and wording on the forms, as well as the instructions in the accompanying cover letter, combined to convey

the impression that the survey was intended to gather statistical data. The form’s sinister purpose was suggested only by the emphasis that the questionnaire placed upon the patient’s capacity to work and by the categories of patients that the inquiry required health authorities to identify: those suffering from schizophrenia, epilepsy, dementia, encephalitis, and other chronic psychiatric or neurological disorders; those not of German or “related” blood; criminally insane people or those committed on criminal grounds; and those who had been confined to the institution in question for more than five years.³¹ At first, many directors and medical staff at German custodial facilities appear to have filled out the registration forms without grasping their significance; yet it is apparent that as the secret killing program became common knowledge, most chief physicians and directors continued dutifully to fill out the paperwork even though they clearly knew the purpose of the form.

The so-called registration forms were reviewed by three specially appointed “medical experts” (*Gutachter*); and beginning in January 1940, those persons whose selection for the euthanasia program was confirmed by a central medical commission in Berlin were transported to one of six killing centers throughout Germany and Austria: Brandenburg on the Havel, near Berlin; Grafeneck in the Swabian Alb; Bernburg and Sonnenstein/Pirna, both in Saxony; Hartheim, near Linz on the Danube; and Hadamar in Hessen-Nassau. Within hours of arrival at such a facility, patients selected for extermination were taken to a reception area, where they were instructed to undress and received a superficial medical examination from one of the institution’s attending physicians. Finally, they were gassed in specially designed gas chambers. The long-established motto of the T4 program was that the “handle of the gas valve belongs in the hands of the physician.”³² Thus, it was the attending physician who examined the doomed “patients” in the reception room, conducted the actual gassing, and supplied the fictive causes and dates of death, which appeared on the victims’ death certificates and official papers.

Despite elaborate efforts to conceal its deadly designs, the euthanasia program quickly became an open secret. Presumably fearing public unrest at a critical point in the war effort, Adolf Hitler

himself gave orders to halt the T4 operation on August 24, 1941. According to T4's own internal calculations—the so-called Hartheim Statistics—70,273 institutionalized mentally and physically disabled persons perished at the six killing centers between January 1940 and August 1941.³³ Yet Hitler's order for the termination of the action did not mean an actual end to the killing. The child euthanasia program continued throughout the so-called euthanasia pause. More significantly, a drive to reinitiate the adult euthanasia program crystallized in the summer of 1942 into a second murder phase, and its perceived lack of coordinated activity led many scholars to label the period—inaccurately—as the era of “wild” euthanasia. Although more decentralized than the initial program, the renewed effort was still carefully choreographed in Berlin. There the Führer Chancellery, the engine which drove the T4 apparatus, continued to select, transport, and process its victims, while local authorities determined the pace of the killing. Employing drug overdose and lethal injection as a more covert means of killing, the murderous machinery of Operation T4 continued to claim victims at several custodial institutions throughout the Reich until the arrival of Allied troops in the spring of 1945. In all, historians estimate that 200,000–250,000 institutionalized mentally and physically disabled persons were murdered under Operation T4 and its corollaries between 1939 and 1945.³⁴

The second killing phase not only expanded the number of victims far beyond the parameters initially foreseen by T4 planners, but also added new dimensions to the definition and targeting of the unfit. Beginning in April 1941, the so-called *Sonderbehandlung* 14f13 extended the killing operations to the concentration camps of Nazi-occupied Europe.³⁵ The program's code name stemmed from file numbers regularly utilized by the Inspectorate of Concentration Camps: “14f” marked those dossiers concerning prisoner deaths, while the number “13” denoted transfer to a T4 facility. *Sonderbehandlung*, or “special treatment,” was the euphemism for murder used in SS and police reports.³⁶ Also called the Invalid Operation (*Invalidenaktion*), 14f13 specifically targeted mentally or physically ill prisoners: the exhausted and critically injured, those unwilling or unable to work, but also those considered troublesome or asocial by the camp administration.

Throughout the early war years, Germany’s maze of concentration camps had grown substantially, as had its prisoner population; but in 1940, these camps still lacked the facilities to murder inmates in large numbers. In early 1941, Heinrich Himmler decided to tap the euthanasia program’s extensive killing capabilities and turned to Führer Chancellery Director Philipp Bouhler to determine whether T4 personnel and gassing installations might be used for the concentration camp system.³⁷ From the spring of 1941 until the winter months of 1944–1945, prisoners too ill or exhausted to work were murdered at T4 killing centers—their selection, deportation, and murder carried out by T4 planners and functionaries. The program found application at several concentration camps on Reich territory, including Dachau, Sachsenhausen, Buchenwald, Mauthausen, Flossenbürg, Gross-Rosen, Niederhagen, Neuengamme, Ravensbrück, and, in a few instances, at Auschwitz. After Hitler’s 1941 order to halt the program, only prisoners from concentration camps were supposed to be gassed at T4 centers. Of those four centers still in operation at the time of the halt, Hartheim, Sonnenstein, and Bernburg accepted these victims for killing.

Physicians from the euthanasia program reprised their roles as medical experts, selecting victims for the operation. The selection process for concentration camp inmates followed in two phases. First, SS camp physicians selected a pool of prisoners whom they determined to be suffering from disabling physical or psychiatric illnesses. At least these were their official instructions; but in practice, local camp administrators also requested the inclusion of criminal, asocial, or Jewish inmates as well.³⁸ Panels of T4 physicians then traveled to the various camps to review the registration forms and carry out the final selection. As with the euthanasia program, Aryan patients were technically supposed to receive a perfunctory physical examination, while Jews in the potential victim pool did not. Based on the decisions of the medical experts, officials from the T4 program organized the transfer of the doomed prisoners to the killing centers, while the individual camps in question reported the transfers—with each prisoner coded “14f13”—to the SS Economic and Administrative Main Office.

Because contemporary documentation concerning the 14f13 action is fragmentary, precise mortality statistics for the operation are difficult to assess. The most reliable data suggest that the program claimed the lives of 10,000–20,000 concentration camp prisoners between 1941 and 1945, with the highest figure the most likely. Five thousand victims were presumably murdered at Bernburg, and at least 5,500 inmates of Mauthausen and its satellite Gusen perished at Hartheim alone.³⁹ Administered by SS physicians and T4 medical and technical personnel, Operation 14f13 could be viewed as a biomedical solution to the growing dilemma of ailing and severely injured prisoners in concentration camps now designed to garner the greatest economic benefit from forced labor. It was precisely with 14f13's introduction that medical and sociological indices for killing began definitively to cross, a confluence that forewarned the expansion of T4 during its second murder phase and presaged the Final Solution. Political, ideological, and racial indicators mingled with physical, psychological, and social criteria in the selection process that targeted prisoners for death. The lesson posed by 14f13 was clear: It was cheaper to murder the incapacitated than to provide care for their recovery.

Operation 14f13 was perhaps the juncture at which policy makers in National Socialist Germany began to redefine what it was to be unfit. Unfit members of German society were no longer just those who were hereditarily compromised, mentally or physically disabled, asocial, or racially unvaluable, but increasingly became those who did not prove "useful" to the community. Prior to 1942, the euthanasia program had targeted mentally and physically disabled people for killing because they ostensibly compromised Germany's genetic and economic resources.⁴⁰ In the final years of the war, however, the web of the killing apparatus expanded dramatically to embrace a diverse spectrum of victims. More and more, these individuals tended not to represent the "incurably ill"—once T4's principal focus—but rather included those persons who for one reason or another could no longer contribute to wartime society and who presented a drain on national or local economies.

Under the auspices of Operation Brandt, which synchronized the euthanasia program with local and regional disaster planning,

hundreds of geriatric and nursing home patients were dispatched to T4 killing centers in order to free emergency bed space for military casualties and the victims of Allied bombings.⁴¹ In several instances, these same transports included German air raid victims themselves. Disoriented or suffering from shock as a result of intensive bombardment or the loss of home or family, many such persons were temporarily housed in custodial or welfare institutions for observation or until relatives could collect them. Unable to locate friends or family members who might take them in, municipal authorities often admitted these individuals—almost invariably female and elderly—to local asylums, whence they were deported to their deaths at T4 sites.⁴²

The killing centers also claimed the lives of members of the armed forces who had defended Germany in the field. During T4’s gassing phase—from January 1940 until August 1941—euthanasia plenipotentiaries Philipp Bouhler and Karl Brandt had specifically proscribed the killing of all servicemen who had fought on the front lines, including those veterans of World War I.⁴³ Yet there exists no doubt that from 1943 to 1945, a number of military personnel fell victim to killing operations at the Hadamar T4 installation near Limburg. Invariably, those German soldiers murdered at the facility had suffered sufficient physical or psychiatric impairment to preclude further military service; in these cases, the individuals’ transfer to Hadamar succeeded their formal release from the *Wehrmacht* or other branch of the armed services and inevitably followed the individual’s entry into the state welfare network.⁴⁴

Finally, beginning in 1944, a number of T4 sites served as collection points and killing centers for physically and mentally incapacitated foreign forced laborers, principally from Poland and the Soviet Union.⁴⁵ Once restricted from the euthanasia action, these ailing and exhausted “Eastern workers” now found themselves included in the killing campaign when military exigencies and a rapidly advancing Red Army made it impossible to repatriate them. The Hadamar institution in particular earned an infamous reputation in the postwar period for the murders of 468 Eastern workers suffering from varying degrees of tuberculosis. It is clear that, in this case, the

local labor offices facilitated the murders of the tubercular workers on their own initiative, with the tacit consent of T4 officials, when they perceived that the laborers' illness generated a public health risk in the Frankfurt area.⁴⁶ In its final spiral of destruction, Operation T4 consumed not only the institutionalized and "incurable," but increasingly "ordinary" individuals whose physical or mental conditions—often ephemeral or treatable—made them unproductive.

At the first Nuremberg proceedings, the so-called Doctors' Trial in 1946, the chief medical perpetrators were tried for their participation in the planning and implementation of state-sponsored medical crimes. On this occasion, the world discovered the dangers of untrammeled medicine at work in a totalitarian state. Radical public health strategies against the unfit figured prominently among these crimes. Beginning with anti-natal policies in the early years of the Nazi dictatorship, these strategies had escalated into mass murder. And Operation T4, the most extreme of these measures, was in itself a rehearsal for National Socialist Germany's genocidal policies. Both the ideological justification and the technologies of destruction conceived by medical perpetrators were extended to other categories of biological "enemies," most notably to Jews and Gypsies. The marginalization of the unfit, the compulsory sterilization of the hereditarily compromised, euthanasia, and the Final Solution were components of the same biomedical and organic vision of a pure society, and built upon each other synthetically through a process of radicalization.

Notes

1. The ethnic, or racial, community, interpreted by National Socialists to be the true community, above the interests of the "artificial" national structure of state.
2. Indeed, in the first years of the twentieth century, the United States was seen as the most progressive force in the racial hygiene movement, with the predominant American research center at the Eugenics Record Office (ERO) in Cold Spring Harbor on Long Island. See Garland Allen, "The Eugenics Record Office at Cold Spring Harbor, 1910–1940," *Osiris* 2 (1986): 225–64.

3. Gisela Bock, “Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization, and the State,” in *When Biology Became Destiny: Women in Weimar and Nazi Germany*, ed. Renate Bridenthal, Atina Grossmann, and Marion Kaplan, (New York: Monthly Review Press, 1984), 275.
4. See Sheila Faith Weiss, “Die rassenhygienische Bewegung in Deutschland, 1904–1933,” in *Der Wert des Menschen: Medizin in Deutschland, 1918–1945*, ed. Christian Pross and Götz Aly, (Berlin: Edition Henrich, 1989), 153–73.
5. See Stefan Kühl, *The Nazi Connection: Eugenics, American Racism, and German National Socialism* (Oxford: Oxford University Press, 1994).
6. *Gleichschaltung* means “coordination”; here it refers to the alignment of political organizations, cultural and professional associations, and individual citizens to the goals of National Socialist policy.
7. Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass.: Harvard University Press, 1988), 95–96.
8. The term *feeble-minded* was utilized throughout the nineteenth and first half of the twentieth century to describe various degrees of mental deficiency from “backwardness” to severe mental retardation. In the German (and English-language) context, feeble-mindedness was defined medically in three grades: *Schwachsinn* (moronism), its mildest form; *Imbezilität* (imbecility), and its most severe degree, *Idiotie* (idiocy).
9. Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press, 1995), 27. The extraordinarily large number of sterilizations ordered produced a backlog at the implementation stage as well, with only half of the procedures carried out in the first year.
10. In 1935 the National Socialist government and its public health offices ceased publication of sterilization statistics, presumably in order to avoid negative public reaction to the measure. After 1936, public health records are fragmentary, and court records provide the most reliable form of documentation. Unfortunately, a significant percentage of these records are still protected by German privacy laws (*Datenschutz*) and remain sealed.
11. Gisela Bock, *Zwangsterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik* (Opladen: Westdeutscher Verlag, 1986), 230–46.
12. For a discussion of sterilization experiments conducted by German doctors in the Nazi concentration camp system, see Ernst Klee, *Auschwitz: Die NS-Medizin und ihre Opfer* (Frankfurt/Main: S. Fischer Verlag, 1997).
13. Friedlander, *The Origins of Nazi Genocide*, 29.
14. Cornelia Hoser and Birgit Weber-Dieckmann, “Zwangsterilisation an Hadamarer Anstaltsinsassen,” in *Psychiatrie im Faschismus: Die Anstalt*

Hadamar, 1933–1945, ed. Dorothee Roer and Dieter Henkel (Bonn: Psychiatrie-Verlag, 1986) 126–27.

15. Hoser and Weber-Dieckmann, “Zwangsterilisation,” 131.
16. Bock, “Racism and Sexism,” p. 276ff.
17. The “Promotion of Marriages” section of the 1933 Law to Reduce Unemployment provided marriage loans of up to 1,000 RM to those German men whose wives remained outside the workforce. An added provision to this law, promulgated three weeks later, forgave one fourth of the debt with the birth of each child. The legislation’s aim was to reduce female pressure on the labor market and to return jobs to male heads of households. In practice, however, the law failed to produce the intended effect because men rarely filled jobs commonly perceived as “women’s work”; and the condition of female non-employment for marriage loans was soon dropped. German authorities instituted children’s allowances (*Kindergeld*) in 1936.
18. Quoted in Proctor, *Racial Hygiene*, 175.
19. Michael Burleigh, *Death and Deliverance: Euthanasia in Germany, 1900–1945* (Cambridge: Cambridge University Press, 1994), 43.
20. Claudia Koonz, “Ethical Dilemmas and Nazi Eugenics: Single-Issue Dissent in Religious Contexts,” *Journal of Modern History*, 64 suppl. (December 1992): 8–31.
21. *Rechenbuch für Volksschulen, Regierungsbezirk Köln u. Aachen, 7. und 8. Schuljahr*, quoted in Ute Hoffmann, *Todesursache: “Angina”: Zwangsterilisation und “Euthanasie” in der Landes-Heil- und Pflegeanstalt Bernburg* (Magdeburg: Eigenverlag des Ministeriums des Innern des Landes Sachsen-Anhalt, 1996), 74f.
22. Dorothee Roer and Dieter Henkel, “Funktion bürgerlicher Psychiatrie und ihre besondere Form im Faschismus,” in *Psychiatrie im Faschismus: Die Anstalt Hadamar, 1933–1945*, ed. Dorothee Roer and Dieter Henkel (Bonn: Psychiatrie-Verlag, 1986), 23.
23. For a discussion of widespread starvation of psychiatric patients in both World Wars, see Heinz Faulstich, *Hungersterben in der Psychiatrie, 1914–1949: Mit einer Topographie der NS-Psychiatrie* (Freiburg im Breisgau: Lambertus Verlag, 1998).
24. Excerpt from the proceedings of the 1932 *Kommunallandtag*, quoted in Gerhard Baader, Johannes Cramer, and Bettina Winter, “Verlegt nach Hadamar”: Die Geschichte einer NS-“Euthanasie”-Anstalt. Historische Schriftenreihe des Landeswohlfahrtsverbandes Hessen, Catalogue vol. 2 (Kassel: Eigenverlag des LWV Hessen, 1991), 32.
25. Burleigh, *Death and Deliverance*, 49.
26. Decree for the Implementation of the GzVeN and the Marriage Health Law (Verordnung zur Durchführung des GzVeN und des

Ehegesundheitsgesetzes), quoted in Hoser and Weber-Dieckmann, “Zwangssterilisation,” 165. Compulsory sterilization procedures did continue, particularly in annexed Austria and the Protectorate of Bohemia and Moravia, where the measure had found only brief application at the time of the decree.

27. Ernst Klee, “*Euthanasie*” im NS-Staat: Die “Vernichtung lebensunwerten Lebens,” 2d ed. (Frankfurt: Fischer Taschenbuch Verlag, 1985), 79.

28. Auszug aus dem Runderlass des Reichsministers des Innern vom 18.8.1939-Ivb 3088/39, 1079Mi-, betr. Meldepflicht für missgestaltete usw. Neugeborene, reprinted in Hoffmann, *Todesursache*, 36.

29. Susanne Scholz and Reinhard Singer, “Die Kinder in Hadamar,” in *Psychiatrie im Faschismus: Die Anstalt Hadamar, 1933–1945*, ed. Dorothee Roer and Dieter Henkel (Bonn: Psychiatrie-Verlag, 1986) 216.

30. *Kinderfachabteilung* means “children’s ward,” but used in the National Socialist context it denotes a secret killing center belonging to the child euthanasia program. Also, see Michael Burleigh and Wolfgang Wippermann, *The Racial State: Germany, 1933–1945* (Cambridge: Cambridge University Press, 1991), 144.

31. Hessisches Hauptstaatsarchiv Wiesbaden, 461/32061//2 (Staatsanwaltschaft Frankfurt, 4a Kls 7/47), Merkblatt zu Meldebogen 1, (blank), n.d.

32. Ernst Klee, “Den Hahn aufzudrehen war ja keine grosse Sache’: Vergasungsärzte während der NS-Zeit und danach,” *Dachauer Hefte: Studien und Dokumente zur Geschichte der nationalsozialistischen Konzentrationslager* 4 (November 1988), 2.

33. “Die Zahl der Vergasten, verteilt auf die einzelnen Anstalten für die Monate der Jahre 1940/1941” (Hartheim Statistics), reprinted in Ernst Klee, *Dokumente zur “Euthanasie”* (Frankfurt: Fischer Taschenbuch Verlag, 1985), 233.

34. Gerhard Baader, “Die sogenannte ‘Euthanasie’-Aktion: Ihre Voraussetzungen und ihre Realitäten,” in “*Verlegt nach Hadamar*”: *Die Geschichte einer NS-“Euthanasie”-Anstalt*, ed. Gerhard Baader, Johannes Cramer, and Bettina Winter (Kassel: Eigenverlag des LWV Hessen, 1994), 24.

35. It should be noted that Operation 14f13 preceded the wholesale gassing of Jews as envisioned in the Final Solution, with its killing apparatus run under the auspices of the Führer Chancellery, in cooperation with the SS.

36. Hoffmann, *Todesursache*, 87.

37. Walter Grode, *Die “Sonderbehandlung 14f13” in den Konzentrationslagern des Dritten Reiches: Ein Beitrag zur Dynamik faschistischer Vernichtungspolitik* (Frankfurt: Peter Lang, 1987), 82.

38. Friedlander, *The Origins of Nazi Genocide*, 144–45; Karin Orth, *Das System der nationalsozialistischen Konzentrationslager: Eine politische Organisationsgeschichte* (Hamburg: Hamburger Edition, 1999), 114–21.

39. Grode, *Die "Sonderbehandlung 14f13,"* 253; Friedlander, *The Origins of Nazi Genocide*, 150; Hoffmann, *Todesursache*, 87.

40. Deaf persons who could not speak were an obvious exception to this rule, for although otherwise physically and mentally unimpaired and generally able to work and function "normally," such individuals were often erroneously categorized as "retarded" because of their inability to speak comprehensibly. An unknown number of patients residing in institutions for deaf-mute people were murdered during Operation T4. See Horst Biesold, *Crying Hands: Eugenics and Deaf People in Nazi Germany*, trans. William Sayers (Washington, D.C.: Gallaudet University Press, 1999).

41. For a detailed study of Operation Brandt, see Götz Aly's, "Die 'Aktion Brandt': Bombenkrieg, Bettenbedarf und 'Euthanasie,'" in *Aktion T4, 1939–1945: Die "Euthanasie"-Zentrale in der Tiergartenstrasse 4*, ed. Götz Aly (Berlin: Edition Hentrich, 1989), 168–78.

42. *Ibid.*, 174–75.

43. Memorandum von Philipp Bouhler and Karl Brandt, betr. Entscheidungen der beiden Euthanasie-Beauftragten hinsichtlich der Begutachtung, 10 March 1941, Bundesarchiv Berlin-Lichterfelde, R 96 I//2.

44. Bettina Winter, "Die Geschichte der NS-'Euthanasie'-Anstalt Hadamar" in "*Verlegt nach Hadamar*": *Die Geschichte einer NS- "Euthanasie"-Anstalt*, Historische Schriftenreihe des Landeswohlfahrtsverbandes Hessen, Kataloge, vol. 2, ed. Gerhard Baader, Johannes Cramer, and Bettina Winter (Kassel: Eigenverlag des LWW Hessen, 1991), 149.

45. These euthanasia facilities included Kaufbeuren in Bavaria, Mauer-Öhling in Lower Austria, Hadamar in Hessen-Nassau, and Tiegenhof near Gnesen in the Warthegau. See Runderlass des Reichsministers des Innern, betr. Geisteskranke Ostarbeiter und Polen, 6 September 1944, Bundesarchiv Berlin-Lichterfelde, R 1501/3763. An unknown number of Eastern workers (*Ostarbeiter*) were also murdered at Meseritz-Obrawalde, Egelfing-Haar, Eichberg, Pfaffenrode, Haina, and Merxhausen.

46. See Holker Kaufmann and Klaus Schulmeyer, "Die polnischchen und sowjetischen Zwangsarbeiter in Hadamar," in *Psychiatrie im Faschismus: Die Anstalt Hadamar, 1933–1945*, ed. Dorothee Roer and Dieter Henkel (Bonn: Psychiatrie-Verlag, 1986), 264.

Part II

The German Experience

Introduction

Donna F. Ryan

The Nazis were concerned primarily with the racial and genetic purity of the so-called Aryans, so they applied the most dramatic racial and eugenics policies first within the borders of Germany before moving on to the rest of the rapidly expanding Reich. Thus, our discussion of the impact that marriage prohibitions, forced sterilizations, and the T4 program had on the deaf community must focus on Germany and those parts of Middle Europe incorporated into the Third Reich. Written documentation, while fragmented by the destruction of records during the war and sometimes kept from public scrutiny during the Cold War, is most extensive for the German deaf community. It is important to remember that access to information about the deaf community is always circumscribed by the need to understand its language and cultural assumptions, yet historians from within and outside are delving into this period and exposing important new information and nuanced interpretations.

The deaf community historian Jochen Muhs has interviewed many deaf Berliners who were eyewitnesses to the Third Reich. He reports that the experiences of deaf people were varied, not only as victims of National Socialism, but sometimes as active members of the Nazi Party and as perpetrators of injustice against other deaf people, especially Jews. He provides valuable details of how all deaf organizations were subsumed into one Nazi-controlled association—the Reich Union for the Deaf of Germany (Reichsverband der Gehörlosen Deutschlands or REGEDE)—an experience that all political, social, and professional groups in Germany shared.

Muhs's research is based on archival records that have only been available to scholars since the reunification of Germany and on

videotaped interviews that would have been very difficult for anyone except a member of the German deaf community to obtain. He provides information about the careers of several deaf Nazi adherents, including Fritz Albreghs and Heinrich Siepmann, as well as vivid images of deaf Brownshirts and Hitler Youth imitating their hearing counterparts by goose-stepping and singing the "Horst Wessel" song, the anthem of the Sturmabteilung (SA). Ignorance, fear, and the benefits of party affiliation—honors, fancy uniforms, and employment opportunities—lured deaf people to adhere to a philosophy that relegated them to second-class citizenship and subsequent persecution.

Finally Muhs shows how deaf people suffered forced sterilization when their teachers denounced them to the authorities. Deaf Jews in Germany, doubly outcast, first suffered expulsion from the deaf community, then segregation from the larger society, and ultimately deportation to the death camps. The experience of deaf German Jews is an area that requires further investigation, for very few survived the war to bear witness to their persecution, except those lucky enough to emigrate in the 1930s.

The racial and eugenics policies of the Third Reich damaged and destroyed communities as well as individual lives. As the Nazis coerced and consolidated deaf organizations and clubs into the REGEDE, they destroyed the rich diversity enjoyed by the deaf social, athletic, and political clubs before 1933. Fortunately, a portrait of that society survives in the 1932 silent film *Verkannte Menschen* (*Misjudged People*), written by Wilhelm Ballier, a Nazi sympathizer, and produced by Alfred Kell. Film historian John S. Schuchman describes and analyzes this important document and artifact.

Faced with widespread unemployment and pervasive eugenics theories calling for the eradication of hereditary physical and mental disabilities, the makers of *Verkannte Menschen* hoped to disseminate a positive representation of deaf citizens to hearing Germans through the popular medium of film. Showing industrious deaf workers, enthusiastic deaf children learning speech and vocational training, and beautiful deaf athletes paying homage to the cult of physical perfection, *Verkannte Menschen* tried to counter stereotypes

that linked deafness with low intelligence and poor achievement. The film closed with the figure of a muscular, blonde deaf Aryan and the plea, “Don’t pity; give them their rights: work and bread,” an image and an entreaty likely to resonate with a 1932 audience.

With Hitler’s seizure of power in 1933, the Nazi Party entered into a period of consolidation of its authority, known as the *Gleichschaltung*. By persuasion, coercion, and cajolery, the Nazis sought support, while simultaneously preparing the groundwork for their intended policy, the perfection of the German *Volk* and the elimination of hereditary defects and the reduction of the financial burden attributed to people with disabilities.

As Schuchman explains, Nazi actions were often piecemeal and contradictory. They named Fritz Albreghs, leader of the REGEDE, as a direct deaf representative to the Führer; permitted deaf people to be members of the SA and the Hitler Youth; and sent deaf athletic teams to London in 1935 and Stockholm in 1939 to compete on behalf of Germany in the International Games for the Deaf. They also issued the Law for the Prevention of Offspring with Hereditary Diseases, which allowed forcible sterilization, forbade deaf people to marry each other, and initiated the murder of deaf children and adults.

Joseph Goebbels, Minister of Public Enlightenment and Propaganda, banned *Verkannte Menschen*, presumably because it contradicted the depiction of people with disabilities that Nazi racial hygienists broadcast. The productive, creative and in many ways, self-sufficient deaf community that Schuchman and the film describe simply could not coexist with Nazi eugenics theories and programs.

The document included in this section, “The Place of the School for the Deaf in the New Reich,” provides graphic insight into the thinking of some educators of the deaf in Germany about the financial burden schools for the deaf placed on the nation, while holding out little promise of a profitable return. Deaf men could not serve in the military and deaf women might not provide healthy progeny, two services demanded of the good German citizen. Kurt Lietz regarded such “biologically inferior” people as unworthy of the preferential treatment they were accorded by the state, which cheated healthy children of their educational rights. Moreover, he explicitly

states that only children with intelligible speech were worth the effort and expense of education, an example of social utility being confused with biological value.

The late Horst Biesold began to collect data about the forced sterilization of deaf people when he noticed the existence of a large cohort of deaf adults who had no children and who became uncomfortable when this fact was observed. As a teacher of deaf students, Biesold was eventually able to win the confidence of enough deaf subjects to begin to compile a significant archive of confidential questionnaires about forced sterilization during the Third Reich.

Many German educators of deaf children emerge from Biesold's article about teacher collaborators as callous and cruel. Teacher training classes were so deeply imbued with eugenics theories and propaganda that few dissented from the dominant belief system. During the Third Reich, only teachers who were party members and loyal to racial hygiene theories were likely to prosper, so the party faithful and opportunists often played a powerful role in determining who would be sterilized.

By examining the records of several state-run and private, usually religious, schools, Biesold has demonstrated that teachers and school directors were at the forefront of the effort to identify candidates for sterilization, and were rarely rescuers as a few historians had portrayed them. Even when a director of a Catholic girls school tried to protect one of her students on the grounds that such private institutions were not required to report their students, and on the basis of the 1930 official church stand against eugenics sterilizations, her efforts were thwarted by the actions of a director of another state-run institution.

Finally, Biesold has shown that the diagnosis of hereditary deafness and hereditary feeble-mindedness were often used interchangeably in some institutions. Equally disturbing is his finding that socially unacceptable behavior, especially that considered sexually flirtatious, increased the likelihood of forced sterilization. Gender-defined actions and social expectations could merge with false biological theories to grant the state broad powers. Biesold's extensive work on the role of educators in forced sterilization provides an

excellent model for future research. Only when a similar institution-by-institution examination of records is undertaken will we know how deaf people in institutions fared when the T4 program imposed systematic murder.

Deaf People as Eyewitnesses of National Socialism

Jochen Muhs

Translated by Robert Harmon

In 1995, for the fiftieth anniversary of German liberation from Hitler's dictatorship, I presented an exhibition in the Berlin Center for the Deaf, called "Fifty Years Later: Deaf People Under Hitler's Dictatorship, 1933–1945." The exposition consisted of cables from 1930 to 1945, excerpts from contemporary deaf newspapers, photographs, and other documents. This was the first presentation by a deaf person on the lives of deaf people in Berlin during the era of National Socialism. There were both negative and positive reactions. Some older deaf people criticized and reproached the exhibition, while many others remained silent. The younger generation, both deaf and hearing, proclaimed their interest in this subject and praised the exhibition. The National Socialist period had long been a taboo topic in deaf circles. In May 1996, for a conference titled "Deaf People During the Nazi Period," supportive hearing teachers of the Berlin Ernst-Adolf-Eschke School for the Deaf invited me to lecture on this topic.

There are many general accounts of National Socialism's disastrous period, but unfortunately very few from deaf people. Deaf individuals found it difficult to record their observations and experiences because they lacked the necessary writing skills. Clearly they were unaware of how useful and important their reports would be for future generations of deaf people.

Even today, many eyewitnesses lack the courage to come to terms with the injustice of the past. Many deaf people were fellow travelers—voluntary or involuntary partisans of the Nationalsozialistische Deutsche Arbeiterpartei (National Socialist German Workers' Party [NSDAP], i.e., the Nazi Party). Because deaf people had difficulty

gaining access to news, often they were poorly informed or knew nothing about Nazi war crimes or the persecution of Jews. Reports of such actions were dismissed as enemy propaganda. Like other Germans, deaf citizens were confused by the systematic lies of the National Socialists and deceived by censorship and manipulation of the press. They, too, feared the Gestapo.

Since 1992, I have interviewed several deaf eyewitnesses to National Socialism. I recorded my interviews using a small video camera in order to create a relaxed, comfortable atmosphere. Using such techniques, I was able to document the experiences of many deaf eyewitnesses, especially in the Berlin area. After some initial hesitation, most of my informants signed openly and quickly forgot about the camera. Because of their advanced age, however, many had forgotten some details. I began my conversations with questions about my informants' school days before moving to political topics or anti-Semitism. Informants were not always prepared to give testimony. Thus one Berlin deaf Jewish man of Polish descent, who had been in a concentration camp where he lost his family, and another deaf witness who lost his Jewish mother in a camp, declined to discuss such painful personal experiences. Because of the small size of the Berlin deaf community, I have frequently declined to fully identify my informants, even by citing the date and place of the interview, in order to protect their anonymity.

The following excerpt illustrates how naive and uncritical many of the witnesses I questioned were. It should be noted, however, that such naivete was common to many Germans at the time, and not just a result of the isolation of many deaf people.

Jochen Muhs: Did you ever personally see Adolf Hitler?

Informant: Yes, he was pale-looking, but he was very appealing.

When he would drive down the street or was in the Olympic Stadium, everyone swarmed around him and called out repeatedly, "Heil Hitler!" and the deaf joined in.

He made Germany strong. Under Hitler, there was order, work, and no hunger. Every year we attended a huge youth camp. We were able to do military exercises, enjoy a nice camp life

under open skies, evenings around a romantic campfire, and very good organization. I became familiar with discipline there and learned how to darn socks. All that was useful, and I'm thankful for it. It was nice!

Jochen Muhs: But what do you think about forced sterilization and the war?

Informant: Yes, but that wasn't so bad.

Jochen Muhs: And the Jews?

Informant: Well, we didn't know about that. No one told me that—not even the church. We were told they were in the East and had to work in the countryside.

Deaf Organizations Before and After 1933

Political, social, and athletic associations for the deaf abounded in Weimar Germany and some were influential chapters of international organizations. In 1932, Berlin had about twenty-five deaf societies and other political groups, such as the Deaf NSDAP, the German Deaf Workers' Alliance, the Deaf Labor Union Group of the



Fritz Albregts, leader of the Reich Union of the Deaf of Germany

Workers' Alliance, the Deaf Labor Union Group in the Social Democratic Party of Germany, the German Nationalist Group, and the largest deaf political group, the Greater Berlin Deaf Section of the Communist Party of Germany.¹ Before 1933, the numerous deaf sport clubs were organized under parent sports associations. Attempts to form an umbrella association for all German deaf sports failed repeatedly because of quarrels over skill qualifications. Only in the period of *Gleichschaltung* (coordination of German social, political, and cultural organizations in 1933 and 1934 through infiltration, intimidation, and violence), would the Association of German Deaf Gymnastic and Sports Clubs be designated as the sole association for all deaf sports.² Heinrich Siepmann from Essen was named chairman of the new deaf sports association.³

As early as 1927, when the sterilization of disabled people was being discussed more and more, the Reich Union of the Deaf of Germany (Reichsverband der Gehörlosen Deutschlands—REGEDE) was founded in Weimar to take a stand against such proposals. Fritz Albreghs of Berlin became chairman, but there was little unity among the state associations of the REGEDE.⁴ Because of his National



Officials of the Reich Union of the Deaf of Germany in 1937 (Fritz Albreghs is on the right)

Socialist sympathies, Albreghs was dismissed as chairman in 1928.⁵ However, after Hitler's takeover, at the third session of the REGEDE in Berlin on April 14, 1933, he was nominated by acclamation to be the leader of the "deaf branch" of the NSDAP.⁶ As the deaf newspaper *Die Stimme (The Voice)* reported, a hearing teacher of the deaf, Ludwig Herzog of Munich, was declared National Commissioner of the Deaf Affairs branch and thereby took up the highest position in the REGEDE.⁷ (Herzog committed suicide in 1945.) Thereafter, Albreghs became federal commissar for only the smaller division, "Deaf People." However, in the writings of deaf witnesses of the period, only Albreghs is ever mentioned as head of the REGEDE.⁸

The Coordination of the Deaf Associations

When Hitler became chancellor on January 30, 1933, deaf members of the Sturmabteilung (SA), or storm troopers, marched through the Brandenburg Gate alongside their hearing comrades, carrying torches past the new Führer.⁹ Voting rights, freedom of the press, and freedom of expression were all suspended. Political opponents were prosecuted and taken into so-called protective custody. Those who expressed different thoughts, including many professors and artists, were expelled from their jobs. Intellectuals, journalists, authors, people of liberal convictions, including many of Jewish descent, emigrated from Germany. Modern paintings and sculptures were banned from the museums and declared degenerate. Liberal books were burned. Eyewitness Hermann D. reported how, as a library assistant, he had to go through an official list and remove books by Jewish and liberal authors from the shelves and throw them into a bonfire.¹⁰ Ideas and images that did not fit the Nazi worldview had to be eliminated.

In 1932, the REGEDE made the hour-long film *Misjudged People (Verkannte Menschen)* under the direction of Wilhelm Ballier, who was both deaf and a Nazi sympathizer. This was intended to be an apolitical film, calling for an improvement in the lot of deaf people. It documented deaf people hard at work and demonstrated their artistic and athletic talents, all virtuous activities, according to the Nazis.

Yet, in 1934, the Reich Ministry for Propaganda and Education of the Masses banned the film and placed it under lock and key. After the promulgation of the Law for the Prevention of Offspring with Hereditary Diseases in July 1933, it was simply impolitic to show any disabled people in such a positive light.¹¹

The Nazi government also ordered all associations, including sports clubs, to dissolve and reorganize within regional districts. The associations of deaf people shared the same fate as those of hearing Germans, and so at Easter 1933, Albreghs combined all deaf associations in the thirty-five districts of Germany into one. The number of deaf members of the new national REGEDE climbed from 4,700 to 12,600. The REGEDE then joined the National Socialist Welfare Association, and overnight all deaf Germans automatically became members of the NSDAP. Members of the Nazi Party were rewarded with jobs, promotions, and the issuance of trade permits and so for many deaf people, party membership was enticing.

After the coordination of deaf associations between May and July of 1933, the following text appeared in the deaf newspaper *Die Stimme*:

In the future there will be no more long debates, no voting, and no elections. . . . In time, only one party will be allowed in our German Fatherland: that is the people. From now on there can be only one opinion. . . . Revolutions know no compromise! . . . Associations which oppose coordination will be denied participation in our destiny.¹²

After the *Gleichschaltung*, many articles in deaf newspapers reflected National Socialist convictions. Both the foundation of new and the suppression of old deaf organizations were much-discussed topics. The following headlines illuminate the times: "To the Leader (Führer) of Germany's Deaf, Party Member Fritz Albreghs!"; "First Deaf SA Unit in Germany"; and "Sterilization Becomes the Law." Ultimately, openly anti-Semitic points of view and propaganda articles also appeared in deaf newspapers, under headlines such as: "The Battle Against Judaism!" and "The True Face of Judaism."¹³

The two oldest deaf newspapers, *Die Stimme*, successor to *Der Taubstummenfreund* (*The Deaf Mute's Friend*), which was founded in

1872, and *Der Deutsche Gehörlose* (*The Deaf German*), were merged in 1935 under pressure from the REGEDE. On July 6, 1935, Heinrich Siepmann began publishing this newspaper under the name *Der Deutsche Gehörlose*.¹⁴

Not all leaders of the German deaf community approved of Nazi ideas and actions. William Gottweiss, born in 1874 or 1875, was an early activist in one of the first deaf welfare associations, which had a membership of more than 800 deaf people. For twenty-eight years, he served as its chairman.¹⁵ As president of the Ninth German Deaf Congress, he had reached an influential position by 1910. During the *Gleichschaltung*, the REGEDE seized all association assets. These included, for example, the holdings of the Berlin Central Association, which owned three houses and at least 250,000 Reichsmarks.¹⁶ In 1933, Gottweiss lost the chairmanship he had held for many years and then his job in the welfare office. Still, he remained a strong opponent of the NSDAP. As a result, on two occasions, his wife Emma was denied access to deaf associations and thus publicly humiliated.¹⁷

Deaf People in Nazi Organizations

As early as 1921, the Nazis had begun to build up a private army, the SA, in Munich and all over southern Germany. The SA systematically controlled cities and neighborhoods by forcibly ousting their political opponents. They often came into conflict with local police because of their commitment to creating their own violent "order." By June and July of 1932, there were 461 violent altercations in Prussia alone, resulting in 82 dead and 400 injured.¹⁸

Some deaf people also volunteered for the SA. Fritz Albreghs, who possessed brilliant rhetorical skills in both speech and sign language, assembled an SA unit of eight deaf people, which grew to 296 members by 1933. In 1931, Goebbels, at that time National Socialist party leader for the Berlin district and later minister of propaganda, had given his personal approval to this enterprise.¹⁹ In his letter of appointment, he stated: "I hereby name party member Fritz Albreghs section leader of the deafened and hard-of-hearing group with all attendant rights and duties." Strikingly, congenitally deaf

people are not mentioned here, a fact that may reflect National Socialist concern about “hereditary diseases,” including inherited deafness.²⁰

However, in the fall of 1933, not long after Hitler seized power, the NSDAP outlawed the deaf storm troopers and a deaf SA motor unit.²¹ A teacher of deaf people named Peglow complained about this to the Reich Interior Ministry. According to rumor, Albreghs himself had instigated the ban on the deaf storm troopers. The order was issued by top SA leadership, presumably the Berlin SA commander, Hermann Goering. According to Wilhelm Gehring, a deaf storm trooper, Goering noticed the deaf unit at a parade review on the Reich athletic field.²² The unit displeased him and so it had to disappear, just as the National Socialist People’s Welfare Organization would later demand the dissolution of the convalescent homes for so-called hereditarily diseased people. The disbanding of the Deaf and Hard-of-Hearing Storm Troop Unit of Berlin took place in 1935. Soon after, Albreghs was relieved of command of a local SA group.²³



All deaf motorcycle unit, Nazi SA. Courtesy of Jochen Muhs, Berlin.

Nevertheless, as late as 1937, *Der Deutsche Gehörlose* proudly reported on National Socialist deaf groups and published photos of the deaf men Werner Thomas and Gerhard Lück wearing SA uniforms.²⁴ Lück, who had long been unemployed, had joined the SA in 1929. Like Thomas, he took part in several brawls and street battles. Even though he was arrested by the Weimar police, he continued to distribute outlawed Nazi propaganda posters.

The years from 1933 to 1945 were marked by nationalistic demonstrations, celebrations, and commemoration days in the schools. In 1937, 90 percent of the pupils in grades five through nine belonged to the Hitler Youth. Deaf children, too, were to be incorporated into "Adolf Hitler marching groups." The Hitler Youth flag waved on school buildings. Deaf members of the Hitler Youth or the Union of German Girls wore the same uniforms as hearing youngsters, but put a regimental "G" on the shoulder for "*Gehörgeschädigte*," or "hearing-impaired." In addition to regiment "G," the Hitler Youth contained regiment "B" for the blind, and regiment "K" for *Körperbehinderte*, the physically handicapped.²⁵



Deaf Hitler Youth of the Institution for the Deaf, Osnabrück, 1936

The Careers of the Deaf Functionaries Albreghs and Siepmann

Fritz Albreghs (1892–1945) became chairman of REGEDE in 1927. The next year in Prague, he was elected president of the International League for the Preservation of the Rights of Deaf People of the World, forerunner of the World Federation of the Deaf.²⁶ Owing to Nazi agitation in Prague, however, he was forced to leave the meeting and later was deposed as chairman of the REGEDE. In 1931, Albreghs joined the NSDAP and the future minister of propaganda Goebbels appointed him section leader.²⁷

Military-style discipline prevailed in the associations of the deaf during the Nazi era. An NSDAP statistical survey from 1939 noted that Albreghs, an active party member, was entitled to wear a uniform and carry weapons. Albreghs also apparently enjoyed international prestige. At the World Congress of the International Association of the Deaf in Paris in 1937, Albreghs was elected president by the twenty-five members present.²⁸ The organization and secretariat were located in Berlin, which was also chosen as the site for the meeting of the International Association of the Deaf in 1940, although World War II prevented this gathering.²⁹

In 1942, Albreghs was removed as leader of the REGEDE. His immediate successor was Karl Brunner from Vienna, followed by the leader of the Deaf Hitler Youth, Karl Engelmann, in 1943. The behavior of Albreghs remains contradictory. In an interview with the author, informant Lovis Varges reported that his parents were incredulous at Albreghs's offer as "Führer of the deaf" to arrange for their emigration papers and rejected his proposal. After the war, however, they learned that he had apparently helped other Jews.³⁰

In 1926, Heinrich Siepmann had become vice president of what was then called the International Committee of Silent Sports (Comité International des Sports Silencieux—CISS). In the course of the *Gleichschaltung*, when all German deaf sport associations were merged during 1933, he became the chairman of the German Deaf Sports Association, which he presided over until 1945. At the same time, Siepmann served as the district association leader of the

REGEDE. In spite of this, he maintained relationships with Felix London, Paul Kroner, and A. Levy, who were all Jewish, and for twenty years remained a member of the World Association of Deaf Sports.³¹ After the war, Siepmann was reproached repeatedly because as chairman of the German Deaf Sports Association he had tolerated the National Socialist despots. Nevertheless, Siepmann was reelected as chairman of the German Deaf Sports Association in 1947, and as vice president of the German Deaf League in 1950. He also apparently retained the trust of deaf people outside Germany, as he was elected vice president of the World Federation of the Deaf when it was founded in 1951.³²

Deaf Schools Under National Socialism

Tradition has it that the directors of the three Berlin schools for deaf people maintained good relations and exchanged much practical information. After 1933, Gotthard Lehmann, director of the State Institution for the Deaf at Berlin–Neukölln, turned to National Socialism; Ernst Schorsch, director of the City Institution for the Deaf in Berlin, was dismissed from his post; and Felix Reich, director of the Israelite Institution for the Deaf in the Berlin suburb of Weissensee, was interned in the Sachsenhausen concentration camp in 1939. Upon his release, Reich, who was Jewish, brought ten children from his school to safety in London. Although Reich wished to return to Germany to get his own children to England, the outbreak of war prevented his return to Berlin.³³ Schorsch, who was also chairman of the League of German Teachers of the Deaf, clearly articulated his opinion about the political ideas of most teachers. Before the education journal *Blätter für Taubstummen* was suppressed, in an article called “Transformation,” Schorch wrote, “I myself was subject to the bitterest and most cowardly attacks by left-leaning people, but I never gave in to them. The attackers had very little support from our colleagues because most teachers of the deaf stood on the political right.” Later he charged, “This was the meanest time that the League of German Teachers of the Deaf had experienced since its foundation; it was the most dishonorable period we ever lived through.”³⁴

Schorsch was also a personal friend of Felix Reich. When the Nazis took over, Schorsch refused to raise the Nazi Party flag over the school, an action for which he was dismissed from his job and pensioned. Schorsch had to vacate his chair for the diehard Nazi Max Müller, whom the students hated.³⁵ The Berlin daily newspapers reported that at the same time that he lost the chairmanship of the teachers' union, Schorsch had to give up the editorship of the association newspaper. Informant Hermann D. called Max Müller a bad director, suggesting that made him a better Nazi. Müller died in disgrace in 1947.³⁶

Deaf students were integrated into the National Socialist Hitler Youth. Two hundred pupils from Berlin, Munich, Leipzig, Frankfurt am Main, and other German cities participated in the first summer camp of the Deaf Hitler Youth in Rottenbach (Thüringia). Like hearing youngsters, the deaf boys and girls stood in formation, marched to the morning and evening flag-raising and -lowering ceremonies, and even sang—as well as they were able—the “Horst Wessel Song,” the hymn of the National Socialist movement.³⁷ Every year, the deaf schools in Germany organized a two-week camp for more than 500 deaf boys and girls. Teachers of deaf children always led the camps. Boys and girls who had distinguished themselves with outstanding performances the previous year became troop leaders.³⁸ According to eyewitnesses, when a high-ranking Nazi representative visited the camps, teachers instructed most of their deaf pupils not to speak or to salute “Heil Hitler.” Only those with late-onset deafness, who could speak well, were presented to the visitors.³⁹ The conspicuous voices of profoundly deaf children were not to reach the ears of the high-ranking authorities.

Fear and division prevailed in the schools for deaf children. Directors and teachers alike forbade Jewish pupils to attend school. The Reich Ministry for Science, Education, and Culture ordered that, in the interest of eugenics and the party, teachers were to report “hereditarily diseased” pupils to the school administration or, alternatively, to the health office.⁴⁰

Eyewitnesses reported that lists of names of hereditarily diseased and “hereditarily healthy” pupils hung in all classrooms. They also

attested to the fear the pupils had for one loyal Nazi teacher named Ruckau. The siblings Hilde Behr and Kurt Eisenblatter reported on the reprisals and the scorn they had to bear from teachers and fellow pupils because their father was a political prisoner in the Sachsenhausen concentration camp.⁴¹

There were also teachers who protected Jewish students from reprisals by other students. Wilhelm Heitfuss, for example, a member of the NSDAP and leader of the Deaf Hitler Youth for the Northern District, always made sure that the Jewish pupil Gerhard Mayer was not harassed by his classmates. On October 21, 1939, the State Senior Administration Councilor Laging called for the closing of all schools for deaf children for the duration of the war in order to economize for the war effort. And indeed, several schools were converted into military hospitals.⁴²

Fifty-two years after the end of the war, I contacted the Professional Association of German Teachers of the Hearing-Impaired, successor organization to the League of German Teachers of the Deaf, to ask about the immoral participation of teachers of the deaf in implementing Nazi marriage and sterilization laws. In response, the Association simply asserted on May 9, 1997, that during the Gleichschaltung it had been subsumed into a larger organization for all special education teachers. If it did not exist as a separate entity, the association apparently felt it bore no responsibility for its members' shameful actions!⁴³

The Persecution of Deaf Jews

In 1933, all Jewish deaf people already had been removed from the public life of the deaf community. Many Jews were highly talented people and active members of deaf organizations. After the NSDAP seizure of power and the coordination of all deaf organizations, deaf Jews were certainly the first to experience persecution. Many depended entirely on deaf organizations for social contact. Some, for example, used the three homes for deaf people in Berlin as places to seek advice and social interaction.⁴⁴

In 1933, the REGEDE ordered all deaf organizations to expel their Jewish members, who were told to join the Organization for the

Advancement of the Jewish Deaf.⁴⁵ In 1933, there were some 25 deaf associations in Berlin alone. Thirty-three Jews lost their membership in the General Association for Support of the Deaf, and twenty-two lost their membership in the Berlin Deaf Swimming Club. Those expelled included treasurer Paul Kroner, who for twenty-three years had administered the finances of the swimming club and the Berlin Central Association of the Deaf.

In 1935, the REGEDE published a warning in the *Deutsche Gehörlose* under the title "The REGEDE and the Jewish Question":

The REGEDE, too, joins the struggle to carry the movement forward. The leadership of the Reich most emphatically calls attention to the fact that, in accordance with paragraph 11, no Jew or person of Jewish descent, may be accepted as a member of the REGEDE. . . . Furthermore, any contact with Jews is strictly forbidden to every member of the REGEDE. Anyone who maintains contact with Jews in spite of this warning proves his un-German convictions and no longer has any place in the REGEDE. German girls who associate or live with Jews will have to atone in the concentration camp for having forgotten race.⁴⁶

Deaf people often received fragmentary information about what was happening to deaf Jews around them. In 1929 or 1930, eyewitness Friedrich W. had three Jewish students who had come from the Israelite Institution for the Deaf in Berlin-Weissensee to his secondary school class at the Berlin State Institution for the Deaf. They got along very well with the other pupils. But later, all three were banished from the school without any explanation.⁴⁷

In November 1938, informant Harry Förster witnessed the pogrom known as Kristallnacht, the Night of Broken Glass. On his way to the swimming pool with a group from school, he saw the looting of stores on Karl Marx Street in Berlin. When he asked his teacher for an explanation for what he had seen, his teacher merely told him to read the newspaper.⁴⁸

Eyewitness Rudi K. mentioned that he met a deaf Jewish man wearing a yellow star on the street. When I asked whether he had talked to the man, he answered, "no." He feared the National Socialist terror and said it was forbidden to sign with Jews on the

street.⁴⁹ Informant Hedwig Ballier reported that her Jewish girlfriend Ruchama Markus had advised her to break off their friendly contact. She feared retaliation, or worse. Ruchama Markus later married an older man and both were deported.⁵⁰

Several eyewitnesses told the story of a Berlin Jewish woman, Sara E., who was abducted one Sunday from the factory where she worked, unobserved by her colleagues, and deported to Auschwitz. Her non-Jewish husband had already left her and filed for divorce. She left behind two deaf children who waited in vain for their mother. A deaf shoemaker and his wife took both children in and cared for them.⁵¹

On 18 October 1941, the first transport of Jews from Berlin to Poland and the Baltic states took place.⁵² Because there had been little contact between Jewish and non-Jewish deaf people since 1933, very little was known in the deaf community concerning these events and the terrible fate of Jewish deaf people. Perhaps 1,000 deaf Jews were living in Germany. Of these, about 600 lived in and around Berlin, according to estimates by informants.⁵³ Of these 600, barely three dozen deaf Jews survived the horrors of National Socialism—among them twenty-two who succeeded in fleeing abroad in 1939, including Felix Reich, the Director of the Israelite Institution for the Deaf, who went to London with ten of his pupils. The Israelite Institution for the Deaf and the Jewish Home for the Aged in Berlin were closed during the war, and little trace of deaf Jews remained at the end of the war.

Every month, restrictions on the Jews intensified and conditions deteriorated. Gisela G., a deaf eyewitness, traveled with her mother in a darkened streetcar through the Jewish ghetto in Lódź, Poland, and recalls to the present day seeing the emaciated Jewish citizens.⁵⁴ The daily morning roll call in the concentration camps was unbearable for those deaf inmates whose lives depended on obeying commands. Hearing prisoners helped their comrades in suffering by giving them signals. I asked two former Polish camp prisoners from Mauthausen and Ravensbrück whether they had informed the overseers of their deafness: “No! Good heavens, no. They weren’t to know that we were deaf. Who knows?”⁵⁵

Conclusion: Explanations and Self-Justifications by Deaf Germans

Virtually no deaf Germans have yet come to terms with their own National Socialist past. It can therefore be no surprise that the same kinds of denial and self-justification that were widespread in German postwar society (especially during the 1950s) are to be found among deaf people. Many deaf civil servants, too, like millions of hearing Germans, were willing tools of Hitler. Until the end, they were firmly convinced they were doing what was good for Germany, and considered their activity as a great mission and honor. The totalitarian manipulation of the Nazi state permitted the dissemination of much disinformation. Strict censorship prevailed. There were no opposition voices or opinions permitted in the press. Propaganda in newspapers, films, and other media influenced hearing and deaf people alike. Opponents of the regime quickly ended up in jail or in "correctional institutions," as the concentration camps were called at first.

As an athlete in the Fourth World Games of the Deaf in London in 1935, Wilhelm G. first learned of the Nazis' crimes from foreign athletes. Eyewitness Günther Wöller reported a similar experience at the world games in Stockholm in 1939. The air at the world games was filled with rumors of war. The German athletes in fact had to return home in a convoy, since Hitler had declared war on Poland.⁵⁶

After his liberation from a concentration camp by the English in 1945, a deaf Polish resistance fighter who had joined the British army met two young deaf women on the street in Hamburg. They still reproached him for Poland invading Germany and thus starting the war. These deaf women clearly believed Hitler's propaganda. In fact, news of the border incidents staged by SS men in 1939 had been sent out from the German radio station at Gleiwitz as a provocation, to provide Germany with a motive for starting World War II. But many deaf people only learned the truth much later.⁵⁷

It is still hard to understand why so many men who spoke well and in many cases had late-onset deafness, such as Albreghs, Ballier, Siepmann, and others, tolerated the Nazi despots in spite of forced

sterilization, persecution of the Jews, and the war of conquest. However, like many teachers of deaf children, they were allowed to wear smart uniforms, act as welfare assistants for the “poor deaf,” and distinguish themselves as spokespersons and advocates for the German nation. They were undoubtedly convinced that they were acting for the good of Germany, and at the time, they were honored as “fighters” or “old fighters,” a Nazi term of distinction.⁵⁸

Gottfried W. from southern Germany stated in a videotaped interview his belief that before 1933, 95 percent of the population was unemployed. When Hitler came to power, the unemployment numbers dropped, and thus many Germans considered Hitler to be the country’s savior. During the war, a large percentage of hearing men had been drafted, creating better job opportunities for many deaf workers who stayed at home. They were even allowed to supervise and give orders to foreign workers.⁵⁹

Eyewitness Alfred Reifke, who came from a rural area of Pomerania, at first leaned toward Marxism and was skeptical of the brown-shirted rulers. Some years after Hitler had created his new order, possibilities for employment really had opened up. During rearment, many were employed in support of what was one of Europe’s most modern military forces. In 1938, after the annexation of Austria and the Sudetenland, like many others, Reifke became a supporter of Hitler. Following the war, it took a long period of reading books and newspaper accounts for him to learn what freedom and democracy meant, and what crimes the National Socialists had committed in his country. For many years, Reifke was the secretary of the REGEDE. After the war, he dedicated himself to social services on behalf of deaf people. However, he firmly rejected a proposal to honor him for his philanthropy with the National Service Cross, since he could not and would not forget his National Socialist past.⁶⁰

The following story is characteristic of the contradictory relationship between Jewish and non-Jewish deaf people. After the war, the municipal authorities of Berlin identified another Alfred Reifke as “severely disabled” because he had his leg amputated. His disability provided him with some privileges. But as a former National Socialist who had been identified for de-Nazification, he was not

permitted to file applications for his deaf friends. Therefore, he asked a Jewish survivor, Felix London, to help obtain similar privileges based on disability for deaf people. If we can believe Reifke, Felix London stated that he, too, would have become a Nazi had he not been a Jew. London successfully applied for an identity card as a disabled person. As a result, all the deaf people of Berlin came to enjoy the advantages that had originally been intended only for those who had been injured in the war.⁶¹

The fate of deaf people who had been forcibly sterilized long remained neglected in postwar Germany. Not until 1981 did the German Bundestag, on the basis of a proposal by the Social Democrats and the Greens, resolve to pay forcibly sterilized persons compensation in the amount of 5,000 Deutschmarks (DM). An increase of 100 DM in 1985 enhanced the settlement a trifle. In 1995, Berlin was the only federal state of the German Federal Republic to recognize deaf victims of forced sterilization as having been persecuted by the Nazis and therefore eligible for the government compensation. In 1998, a German law finally declared the decisions of the hereditary health courts to be null and void, providing a real victory for people with disabilities, who have long called for the removal of the stigma of having been involuntarily sterilized.

With my research, I would like to contribute to preventing Germany from forgetting that part of the National Socialist past in which deaf people participated as both victims and perpetrators. It is my hope that a process of clarification will begin and that deaf Germans will become aware of their own past.

Notes

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3. "Amtliche Bekanntmachung," *Die Stimme*, no. 27 (1933): 169.
4. Fritz Albreghs, "Die Gründungssitzung der REGEDE," *Die Stimme*, no. 3 (1927).
5. "Die Lösung," *Allgemeine Deutsche Gehörlosen-Zeitschrift*, no. 22 (1928): 99.
6. Protokoll der REGEDE, 1933, Charlottenburg Court Record: 98-99.

7. Schorsch, "Umformung."
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9. *10 Jahre Reichverband*, 1937.
10. Hermann D., interview by author. For a description of such Nazi policies, see Martin Broszat and Norbert Frei, *Das Dritte Reich im Überblick* (Munich: R. Piper, 1989).
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13. *Die Stimme*, 1933–1935.
14. "Einheit in der Gehörlosen-Presse," *Die Stimme*, no. 9 (1933).
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26. "Internationaler Taubstummen-Kongress in Prag," *Die Stimme*, nos. 14 and 15 (1927).
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32. Friedrich Waldow, "Heinrich Siepmann," *Deutsche Gehörlosen-Zeitung*, no. 23/24 (1974).
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43. Christiane Harrtmann-Börner, "Heidelberger Erklärung," *Hörgeschädigten Pädagogik*, no.5 (1997): 329.
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45. REGEDE order of 1 April, 1933.
46. "REGEDE-Nachrichten," *Der Deutsche Gehörlose*, no. 35 (1935): 33.
47. Friedrich W., interview by author.
48. Harry Förster, interview by author.
49. Rudi K., interview by author.
50. Hedwig Ballier, interview by author.
51. Norbert E., interview by author.
52. *Gedenkbuch Berlins der jüdischen Opfer des Nationalsozialismus*, (Berlin: Edition Hentrich, 1995), 1420.
53. The number 600 was cited in several interviews, for example, the interview with Lovis Varges. Martin Matuschewski estimated over 400 Jews living in Berlin.
54. Gisela G., interview by author.
55. Stanislaw Sila-Nowicki, interview by author.
56. Günter Wöller, interview by author.
57. G.I., interview by author in Warsaw.
58. Hedwig Ballier, interview by author.
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Misjudged People: The German Deaf Community in 1932

John S. Schuchman

In August 1932, the German deaf community released a film entitled *Verkannte Menschen* (*Misjudged People*) written by Wilhelm Ballier and produced by Alfred Kell. Financed by the members and organizations of REGEDE, the German national deaf association, with a contribution by the association of teachers of deaf children, the film is an important document of the German deaf community at the moment of Hitler's emergence as chancellor and Führer of the Third Reich.¹ The film's subtitle, "A Film of the Hearing-Impaired," implies that the audience for the film's message was the majority hearing population of Germany.

The fact that the German deaf community chose the medium of film to communicate its message was deliberate. Throughout the world, deaf communities generally communicate through the use of sign language, gesture, and the manual alphabet. Until the invention of motion picture technology at the turn of the twentieth century, however, these communities had no way to demonstrate the power, beauty, or efficiency of their respective national sign languages.²

Prior to the use of motion picture film, deaf persons depended on speech, sign language interpreters, or the written word to communicate with people who could hear. For a variety of historical and educational reasons, these forms of communication often were frustrating or inadequate for profoundly deaf individuals in their interactions with the hearing majority. As a consequence, the deaf community viewed itself as an oppressed class or a minority even though these terms would not come into wide use until later in the century.³ Reflecting a view of deaf Germans as a subculture of the hearing German majority, the deaf film producers used the phrase

Verkannte Menschen, translated into English as “Misjudged People,” for the title of their film.

Why did they use this phrase in 1932? If the Nazi regime would implement a program of racial hygiene that had a devastating effect on deaf Germans, then its policies fit within a pre-existing and larger worldwide eugenics view of deaf persons, among others, as inferior human beings. For example, the former teacher of deaf children and famous inventor of the telephone, Alexander Graham Bell, presented a paper in 1883, “Memoir Upon the Formation of a Deaf Variety of the Human Race,” in which he proposed a plan of “positive” eugenics to the American Academy of Science, which would gradually eliminate sign language and the deaf community.⁴ Most deaf people vehemently opposed these views.

Compounding the negative eugenics views, the worldwide economic depression of the 1920s and 1930s resulted in devastating unemployment for deaf persons everywhere. Despite this, deaf communities had made progress. Recognizing their common problems, national deaf communities organized international conferences. Europeans took the lead and attempted to organize a world deaf organization in the years prior to World War II.⁵ A German late-deafened leader, Fritz Albreghs, who also was a Nazi, was active in these early efforts to organize deaf people internationally.⁶ Similarly, the Salon International des Artistes Silencieux of Paris and the American Society of Deaf Artists organized an international exhibition of “Deaf Artists” in New York in 1935.⁷ However, the most active effort took place in the international sports arena. International sports events for deaf athletes first occurred in Paris in 1924; the German teams proved to be excellent competitors and often finished first in the overall national team rankings. Deaf people viewed these competitions as their own “Olympics.”⁸ These accomplishments by deaf individuals and organizations, however, were not well known to the larger world outside the deaf community. Publicity was limited to newspapers and magazines published primarily for deaf people and/or professionals who worked with deaf individuals.

In the first third of the twentieth century, the German deaf community, like deaf communities elsewhere in the world, believed that

they had made some progress. Education for deaf children was compulsory, and many viewed Germany's emphasis on oral education as progressive.⁹ In the international deaf world, German deaf people were seen as leaders politically and athletically. Unfortunately, this was not well known or understood by the public at large.

The producers of *Verkannte Menschen* hoped to counter this lack of understanding. The medium of film was a natural communication choice since it allowed audiences, through the use of captions, to see the deaf community and the language used by its adult members—sign language.

Film was very popular in Germany. During World War I, the German government, industry, and military had recognized the importance of film as a communication and propaganda medium and, in concert, created Universum Film AG (hereafter UFA), which became the most powerful film business in Europe throughout the 1920s, 1930s, and the Nazi era. In a challenge to the Hollywood films produced in the United States, UFA produced films and controlled their distribution and exhibition in their own theater chains in Germany and other European countries.¹⁰ The producers of *Verkannte Menschen* managed to obtain authorization to exhibit copies of their film as a *Lehrfilm* (educational/documentary film) distributed in Germany by UFA.¹¹

Like their counterparts in the United States, the German film industry had converted to the new sound technology of “talking motion pictures” by the early 1930s. However, the German deaf community chose to produce a silent film with subtitles. Approximately thirty minutes in length, this black and white silent film used subtitles to convey its message to audiences that did not understand German Sign Language.

When one thinks about deaf communities around the world in the 1930s, it is necessary to draw a distinction between deaf children and deaf adults. Deaf children's parents typically could hear. They had never met a deaf adult and usually did not know sign language. Oral educators and medical doctors emphasized the importance of speech and speechreading for deaf children. Even with the best teachers, this is a difficult process. The majority of deaf children,

particularly those who were born deaf, never achieved speech that was understandable to the lay public. Although some deaf persons, particularly those who became deaf after age two or three, became successful by the bourgeois standards of the day, the majority only held low-level employment. Because of their daily frustration with communication, deaf people often turned to other deaf peers for their primary social interaction. Amongst each other, deaf people used sign language.¹² When one speaks of the deaf community, it is the deaf adults and their organizations that are being described.

The content of *Verkannte Menschen* is organized around this distinction between the world of education for deaf children and the adult deaf community. It is interesting that the scriptwriters chose not to engage in a polemical description of the merits of sign language. Instead, they allowed the audience to see both worlds.

The first half of the film focuses on education. Emphasizing the progressive nature of German oral education, the narrative depicts the "old days" in which deaf characters used gesture to indicate that they could not hear and were dependent upon charity for food and assistance. In contrast, "today" (1932) there is compulsory education for all deaf children. The film demonstrates that for the past twenty-five years, deaf children could learn to speak, read speech on the



The old days: Deaf vagrant signs "deaf" to passing car. *Verkannte Menschen*, 1932.



Today: Progressive speech lesson for young student. *Verkannte Menschen*, 1932.

lips, and acquire work skills. Several scenes depict kindergarten opportunities for deaf children. Thereafter, the film documents a deaf child's increasing skill in speech, speechreading, and written German. Finally, this initial section of the film makes the point that deaf persons are good citizens when they learn about the electoral process. After these "academic" studies illustrated in the film's first half, the students are turned over to masters to begin their trade apprenticeships.

In contrast to the depiction of teachers of the school years, who clearly are hearing individuals, the vocational master teachers are deaf adults who communicate through the use of German Sign Language, not spoken German. Despite the film's early emphasis on "oralist" pedagogy at school and a reminder that one of the dominant education philosophers of deaf education was the German Samuel Heinecke, when the film turns its attention to the adult deaf community, it is clear that the majority of deaf people use sign language.

The second half of the film addresses the primary problem deaf Germans faced: discrimination in employment. "We see them everywhere, these [deaf] people so misjudged yet so capable."¹³ Scenes then portray deaf workers in factories, laboratories, and dental offices, and doing domestic work at home and on the farm. When not working, they live productive and useful lives.

Several scenes show deaf people as good Germans; they are good citizens, they share the value of physical culture, they occasionally save the lives of other Germans, and they obey traffic laws. They "listen" to public speeches through sign language interpreters. With its organizational flag featured prominently, the film includes several minutes of a Berlin Deaf Sports Association-sponsored competition that includes track events, swimming competitions, diving, and water polo. It features a deaf man who received a "life-saving" medal for his heroism in aiding a drowning victim. Because the ability of deaf people to acquire driver's licenses and to drive safely was an issue for deaf communities throughout the world, the film



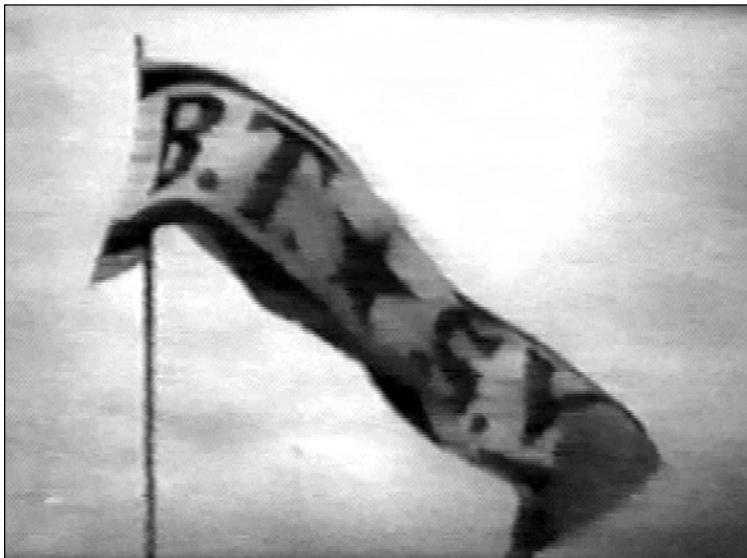
Vocational student receives instruction from a signing deaf master.
Verkannte Menschen, 1932.

includes a scene where deaf people skillfully ride motorcycles in heavy traffic. The capstone of this effort to articulate the film's theme of the general competence of the deaf person is an allegorical scene of deaf climbers scaling mountains.

In the second half of the film, the majority of the deaf adults use sign language. Although there is no overt statement of the language preference of deaf adults, audiences could see that sign language, in the view of the film, was no barrier to competent and productive lives. There were two exceptions to this use of sign language, and both involved hearing people. When the scriptwriter Wilhelm Ballier makes a cameo appearance, he speaks orally to two secretaries who are typing the script. In a second scene, which depicts a deaf married couple, deaf parents communicate orally with their hearing child. Reading a copy of *Die Stimme*, the German national deaf community newspaper, a deaf father speaks orally to his child. At this point, the film challenges the eugenics belief that deafness is hereditary by reminding its viewers that 90 percent of the children of deaf parents can hear.



The Deaf community participates in public affairs through the use of sign language interpreters. *Verkannte Menschen*, 1932.



Banner of the Berlin Taubstummen (deaf) Sports Club (BTSV).
Verkannte Menschen, 1932.



Two young members of the BTSV swim team. German swimmers dominated the swimming competitions of the World Games of the Deaf in 1935 and 1939. *Verkannte Menschen*, 1932.

The final section of the film shows elderly deaf people at a home for the deaf happily interacting and playing cards. This reflects the other major theme of the film. The film begins with a portrayal of deaf men as pitiful and in need of charity. It ends with a demonstration that deaf people have an active community, that deaf people are content. At film's end, the message is clear: Deaf people are capable, educable, and happy. With the closing image of a stereotypical blonde, muscular Aryan male, the film reminds viewers: "Don't pity, give them their rights: work and bread."

Soon after Hitler's takeover, the government enacted legislation that imposed a variety of restrictions on certain groups, primarily Jews, Roma-Sinti, and physically and mentally disabled persons. In July 1933, the government passed the Law for the Prevention of Offspring with Hereditary Diseases. Among the groups targeted for sterilization and eventual removal from the national community of German Aryans were hereditarily deaf people. *Verkannte Menschen*'s view of capable, educable, and happy deaf people who only asked for relief from discriminatory employment practices did not fit the official



Elderly deaf men happily playing cards. *Verkannte Menschen*, 1932.



In contrast to the Nazi “hereditarily diseased deaf,” the deaf community depicts an idealized deaf Aryan who appears at the film’s end. *Verkannte Menschen*, 1932.

party view of deaf people as “hereditarily diseased,” and so the film was banned. Through the policy of *Gleichschaltung* (coordination), all of Germany’s social and political institutions needed to fit within the Nazi worldview of racial hygiene, and in that view, deaf Germans were not good Aryans.

In practice, the Nazi view of deaf people was contradictory. There were, of course, deaf Nazis who had been active in the party militia, the Sturmabteilung (Storm Troops or SA). Utilizing deaf collaborators like Albreghs and Ballier (the film’s scriptwriter), the Nazis centralized deaf organizations into the REGEDE, where they implemented their racial policies, which excluded the membership of deaf Jews.¹⁴ Moreover, they supported German deaf athletic teams that traveled to London in 1935 and to Stockholm in 1939 to participate in the International Games for the Deaf, popularly known as the Deaf Olympics.¹⁵ Despite the success of the German deaf athletes abroad, this was not the primary image that the Nazi government wished to convey to the German public.¹⁶

In May 1933, Hitler appointed Joseph Goebbels as Minister of Public Enlightenment and Propaganda, which gave him responsibility for all forms of public expression: print, radio, film, and culture. As president of the Reich Chamber of Culture, Goebbels disseminated propaganda to the German people. By 1934, his ministry could scrutinize all scripts and among other things, ban films.¹⁷

In *Verkannte Menschen*, the deaf community pointed out that only 10 percent of deaf people had deaf parents. By the end of World War II, it has been estimated that approximately 16,000 deaf Germans suffered sterilization or abortions as required by the Nazi health laws.¹⁸ This number represents more than one-third of the estimated total German deaf population of 40,000 persons. Despite the use of the term *hereditarily diseased* when referring to deaf Germans, it is clear that the National Socialists targeted all deaf persons as unworthy Aryans, not just those whose deafness was hereditary.

An examination of schools for deaf children reveals this basic posture of National Socialism. In 1926, there were seventy-three schools for deaf children in Germany, with 787 teachers for 6,149 pupils. Two schools had more than 200 pupils; twenty had less than 200; thirty-four had less than 100; and seventeen had less than fifty. Sixty-eight of the schools were residential, with students living either at the school or in the homes of foster parents. Teachers of deaf children had two years of additional university training after first qualifying as public school teachers. They had a national professional association and published their own journal. When the Nazis took control of the government in 1933, they destroyed the teachers' organization, banned their professional journal, consolidated several of the schools, and provided few funds for the education of deaf children.¹⁹

One year later, National Socialist teacher of deaf children Kurt Lietz published "The Place of the School for the Deaf in the New Reich."²⁰ In this article, Lietz provides insights into the Nazi view of deafness and deaf people. National Socialism required all individuals to contribute to the welfare of the nation as a whole, and no one, in Lietz's view, was entitled to individual benefits. Complaining that, in the summer of 1933, a much higher percentage of deaf children

attended free summer camps than "normal children," Lietz advised his fellow teachers to give up the selfish effort to secure benefits for "biologically inferior" deaf students at the expense of hearing children. He believed that the national health depended on men able and willing to give their lives for the nation and on women capable of providing healthy children. In view of these National Socialist principles, Lietz concluded that deaf people, not just those with hereditary deafness, could never be "full citizens, but merely German subjects."²¹

Given the limitations of deaf German subjects, Lietz proposed that only the few who could produce "intelligible speech" should benefit from the expertise of trained teachers of deaf children. The rest could attend larger classes for fewer years with more attention given to vocational training.

In contrast to the hearing Nazi teacher Lietz, the deaf Nazi sports leader Werner Thomas urged deaf young people to join the Hitler Youth organization.²² The views of deaf people, Nazi or not, did not prevail. The capable, educable, and happy deaf people as depicted in the film *Verkannte Menschen* were now "genetically diseased" or biologically inferior. The National Socialist government viewed the progressive deaf education system as wasteful of funds that could be better spent elsewhere.

Most Germans, of course, did not read publications of the deaf community or of teachers of deaf children. They did go the movies. During the twelve years of Nazi rule, the German film industry produced approximately 1,100 movies. Goebbels carefully decided to fill movie theaters with general entertainment films. Newsreels and documentaries carried the Nazi message. Film historians Roger Manvell and Heinrich Fraenkel have estimated that only about fifty films reflected a statement of Nazi ideology.²³ Even so, all films underwent scrutiny. The February 1934 Reich Film Law authorized a censorship committee to rate films into six categories:

1. Particularly valuable politically and artistically;
2. Valuable politically and artistically;
3. Valuable politically;

4. Valuable artistically;
5. Culturally valuable; and,
6. Educationally valuable.²⁴

After review, the committee could withhold scripts and permits for theater exhibition.

It is not surprising that the Nazi ministry did not permit *Verkannte Menschen* to be shown. However, the ministry went further. Through propaganda films, it sought to win public support for its programs of sterilization and euthanasia. Though the mentally disabled population suffered the brunt of these practices, the propaganda affected all disabled persons in Germany. The Nazi government sponsored the creation of several documentary films that historian Michael Burleigh has described as "intended to criminalise, degrade and dehumanise the mentally and physically handicapped so as to justify compulsorily sterilising them."²⁵ In the 1936 silent film documentary *Erbkrank* [Hereditarily Ill], script writers pointed out in captions that:

frequently cases of hereditary mental illness are accompanied by physical handicaps. Idiotic deaf and dumb girl—there are four further deaf and dumb cases in her clan. Feebleminded and deaf and dumb. Grandparents both deaf and dumb. Brother and sisters, deaf and dumb and feebleminded. Cost to date 10,700 RMS. . . .

Not every physically or mentally handicapped person is hereditarily ill . . . but all—even the apparently healthy—members of a hereditarily ill clan can be the carriers of diseased hereditary properties. . . .

Should things go on like this? . . .

No, No, Never! And for this reason we are carrying out the sterilization of the hereditarily ill. Their suffering must not be perpetuated in the bodies of their children. Otherwise our great nation and its culture will be destroyed.²⁶

In 1932, *Verkannte Menschen* had sought to enlighten the German public about the need to eliminate discriminatory practices that limited the employment of deaf people. Some deaf Germans,

particularly those who were active in the National Socialist movement, hoped that Hitler's government would implement improvements for the deaf community. Despite some limited support from international athletic competitions, the Nazi racial hygiene philosophy was simply incompatible with the view that deaf Germans had of themselves as a capable, intelligent, and contented community. With the installation of the Nazi government, deaf Germans struggled to maintain their very humanity.

Notes

1. Gerhard Schatzdorfer, producer of the German television program for deaf viewers *Sehen statt Hören* in Munich, Bayerischer Rundfunk, kindly shared a copy of this 1932 film with the author.
2. John S. Schuchman, "Silent Films," in *Gallaudet Encyclopedia of Deaf People and Deafness*, ed. John V. Van Cleve, vol. 3 (New York: McGraw-Hill, 1987), 275–79.
3. German historian Günther List has described "the history of deaf people [as] a history of suppression." See Günther List, "Deaf History: A Suppressed Part of General History," in *Deaf History Unveiled, Interpretations of the New Scholarship*, ed. John V. Van Cleve (Washington, D.C.: Gallaudet University Press, 1993), 113–26.
4. See Alexander Graham Bell, *Memoir Upon the Formation of a Deaf Variety of the Human Race* (Washington, D.C.: Government Printing Office, 1884), reissued by the Alexander Graham Bell Association for the Deaf in 1969. Although Bell recognized that there would always be deaf individuals, he opposed the existence of a deaf community, and his proposals to limit the use of sign language, deaf teachers, and residential schools for deaf children were designed to eliminate the deaf community. In a subsequent speech at Gallaudet College, Bell urged the deaf college students to marry mates who could hear. See Bell, *Marriage, an Address to the Deaf* (Washington, D.C.: Sanders Printing Office, 1898). Some German eugenicists and National Socialists supported "negative" eugenics wherein the state enacted legislation that would prohibit marriage among the people they considered "defectives" or "hereditarily diseased." Some also supported sterilization and euthanasia. Although he clearly identified deaf people who used sign language as inferior through his use of the phrase "A Deaf Variety of the Race," Alexander Graham Bell supported a "positive" eugenics plan for deaf people that advocated the use of oral education techniques and opposed the use of sign language. He died in 1922; however, proponents of eugenics—positive and negative—could point to this world-famous inventor as an ally.

5. There were efforts to organize an international association of deaf people in Prague (1928) and in Paris (1937). Albreghs attended both meetings and the group elected him president. World War II interrupted these efforts and a plan to hold a world congress meeting in Berlin in 1940. After the war, deaf people convened the first World Congress of the Deaf in Rome (1951) where the delegates voted to establish the World Federation of the Deaf. See Richard Brill, *International Congresses on Education of the Deaf: An Analytical History, 1870–1980* (Washington, D.C.: Gallaudet University Press, 1984).
6. For a description of Albreghs, who became an early leader of the Deaf Nazi movement, see Jochen Muhs, "Followers and Outcasts, Berlin's Deaf Community under National Socialism (1933–1945)," in *Collage, Works on International Deaf History*, ed. Renate Fischer and Tomas Vollhaber (Hamburg: Signum, 1996), 195–204.
7. For a copy of the exhibition brochure, see Margaret Jackson Papers, box 1, folder 8, Gallaudet University Archives, Washington, D.C.
8. For a general description of the early activities of international deaf sports, see Jerald M. Jordan, "Comité International des Sports des Sourds," in *Gallaudet Encyclopedia of Deaf People and Deafness*, ed. John V. Van Cleve, vol. 1 (New York: McGraw-Hill, 1987), 198–99.
9. The eighteenth century German educator of deaf children Samuel Heinicke often is described as the father of the oral method of education, which emphasizes instruction through speech and speechreading and discourages the use of sign language. This method often is called the "German" method. The other reason that the German system was seen as "progressive" was because of its emphasis on early kindergarten education, which was rare in other countries.
10. For a recent history of UFA, see Klaus Kreimeier, *The UFA Story, A History of Germany's Greatest Film Company, 1918–1945*, trans. Robert and Rita Kimber (New York: Hill and Wang, 1996).
11. The opening frames of the film informed viewers that for world distribution, they should contact the *Zentral Bildkammer* in Berlin. The UFA logo followed these frames. To the best of my knowledge, this was unique among the world's deaf communities. Although the deaf community in the United States had made some films, none had any connection with a major or minor film studio.
12. For a recent description of the struggle that deaf Germans experience with their oral education and their desire to use German Sign Language, see Gertrud Mally, "The Long Road to Self-Confidence of the Deaf in Germany," in *Looking Back, A Reader on the History of Deaf Communities and their Sign Languages*, ed. Renate Fischer and Harlan Lane (Hamburg: Signum, 1993), 177–98.

13. Retired Gallaudet University Professor Robert Harmon translated all of the German subtitles into English. Thereafter, the Gallaudet University Television Department added English captions to the videotape. Viewers can see both the original German subtitles and English captions.
14. As one of the administrative heads of the deaf Nazi organization REGEDE, Ballier signed membership cards. For a general description of deaf collaborators, see Horst Biesold, *Crying Hands: Eugenics and Deaf People in Nazi Germany*, trans. William Sayers (Washington, D.C.: Gallaudet University Press, 1999), 91–108.
15. For participation of German teams and medals won, see International Committee of Silent Sports, *Special Issue for CISS 50th Anniversary, 1924–1974* (Padua, Italy: Ente Nazionale Sordomuti, 1974), 59–154.
16. Although the CISS only reported medals for individuals, deaf publications regularly published the results by country. The editors of the *American Annals of the Deaf* reported that the German team won first place with 286 individual medals. See “Miscellaneous—The International Deaf Games,” *American Annals of the Deaf* 84 (September 1939): 369–70.
17. For balanced discussions of Nazi film, see Roger Manvell and Heinrich Fraenkel, *The German Cinema* (New York: Praeger, 1971), 75–98; Erwin Leiser, *Nazi Cinema*, trans. Gertrud Mander and David Wilson (New York: Macmillan, 1974); and Douglas Gomery, *Movie History: A Survey* (Belmont, Calif.: Wadsworth, 1991).
18. Biesold, *Crying Hands*, 150.
19. Karl Franke, “The Deaf in Post-War Germany,” *The Volta Review* (June 1948): 268.
20. Kurt Lietz, “The Place of the School for the Deaf in the New Reich,” trans. Tobias Brill *American Annals of the Deaf* 79 (May 1934): 200–4. This is a condensation and translation of an article that appeared in the February 1934 issue of *Blätter für Taubstummenbildung* (*Journal of the Education of the Deaf*), an organ of the Association of German Teachers of the Deaf.
21. Ibid., 200–202.
22. For a description of the deaf Nazi leader’s efforts to recruit, see Biesold, *Crying Hands*, 91–94.
23. Manvell and Fraenkel, *German Cinema*, 75.
24. Frederick W. Ott, *The Great German Films*. (Secaucus, N.J.: Citadel Press, 1986), 147.
25. Michael Burleigh and Wolfgang Wippermann, *The Racial State: Germany, 1933–1945* (Cambridge: Cambridge University Press, 1991), 183.
26. Ibid., 185–87. Burleigh has reproduced all of the captions for the film.

The Place of the School for the Deaf in the New Reich

Kurt Lietz

Translated by Tobias Brill

Editor's Note: The two chief professional publications for deaf education in the United States are the *American Annals of the Deaf* (the *Annals*) and the *Volta Review*. The *Annals* is sponsored by the Conference of Educational Administrators of Schools and Programs for the Deaf and the Convention of American Instructors of the Deaf, and the sponsor of the *Volta Review* is the Alexander Graham Bell Association for the Deaf. The readership of both includes teachers of deaf children, school administrators, and other professionals working in the field of deafness. Historically, both publications routinely printed items of international interest. Throughout the 1930s, it was not unusual to find brief references to what was happening in Nazi Germany. For example, one can find brief articles on Nazi sterilization laws, the participation of deaf German and Italian children in Hitler Youth organizations, the demise of the German teachers of the deaf professional association *Bund Deutscher Taubstummenlehrer*, and even requests of European Jews for assistance. However, there is little if no editorial comment on these news items in either journal.¹

The article included here is then typical of German news as reported by the American professional publications of the time. Despite the pejorative views expressed about deaf people and the value of education for deaf children, there is no editorial comment. An analysis of the content makes it clear that under the Nazi regime, all deaf people were deemed "inferior," not just "hereditarily deafened." As such, deaf people were not entitled to expensive education programs. When the following article appeared, *Bund Deutscher Taubstummenlehrer*, as well as their professional journal,

"The Place of the School for the Deaf in the New Reich" originally appeared in the *American Annals of the Deaf* (May 1934): 200–204. It is reprinted here with permission of the *American Annals of the Deaf*.

was disbanded and merged into the general association of special education teachers. This article is also notable for the absence of any mention of deaf Jews.

The Israelite Institution for the Deaf at Berlin-Weissensee was one of four Jewish schools for deaf children in Europe.² With roots in the late nineteenth century, it had an excellent reputation as a progressive oral school. Again, descriptions of the school can be found in the American professional journals. Felix Reich, the school superintendent and son of the school's founder Marcus Reich, had an excellent scholarly reputation and served as an officer of *Bund Deutscher Taubstummenlehrer*. In the Nazi view, however, deaf Jews were simply Jews and beyond the pale of German deaf education.³

The following is a condensation of an article that appeared in the February 1, 1934 issue of *Blätter fur Taubstummenbildung (Journal of the Education of the Deaf)*, an organ of the Association of German Teachers of the Deaf, edited by Dr. Paul Schuman, Leipzig. The article was written by Kurt Lietz, Berlin. It was translated and condensed by Tobias Brill, principal of the Intermediate and Advanced Department, New Jersey School for the Deaf, West Trenton, N.J., and reprinted in the May 1934 issue of the *American Annals of the Deaf*.

—John S. Schuchman



The National Revolution is the expression of the fundamental political will of the German people. National Socialism is not merely a political change, but it is a philosophy which affects all of the life of the nation, economic as well as cultural. Each individual and each group must contribute to the welfare of the nation as a whole, in a totalitarian sense. The individual, therefore, has no right to ask for anything that will benefit just him. This applies to education in general as well as to the specific narrow field of the education of the deaf.

In the place of purely objective, scientific considerations of individual development, we must emphasize the transmission of such knowledge and the development of such talents as will benefit the whole German nation. This implies a more conscientious consideration of the

expenditure of available means and a co-operation with political organizations. The fundamental question should be, "Is the pupil, by virtue of his abilities and place in the community, entitled to and worthy of a greater expenditure of public moneys to receive special or more advanced education?"

The development of the body and character takes first place in education, for the struggle of a nation to insure its existence and development depends upon its men being able and willing to give their lives, if necessary, for the welfare of all, and upon its women being able and willing to present the nation with healthy children. A little intellectual superstructure is not the most valuable part of a nation, but "men capable of bearing arms and women capable of bearing children."

To us who are National Socialists, there are certain necessary consequences for schools for the deaf. Since the State relies upon us, as the only experts in the field, for advice, we should do straight and honest thinking, uninfluenced by the inertia of the old individualistic-liberal era. Just think—during the summer of 1933, 60 out of about 300 deaf children, or roughly 20 percent, were sent to free camps, while only 30 out of 1,000 normal children were so privileged! We teachers of the deaf were pleased because it affected favorably those entrusted to our care, but we have no right to follow the old individualistic principle of getting all we can get while the getting is good.

What is the status of the school for the deaf in the New Reich, and what are its functions? What can it contribute to the State? What can it do for the needs of the German people, and what can it not do? Is the work of the school for the deaf essential to the achievement of national aims, and if not, is its cultural significance so great that, without the school for the deaf, the whole status of our cultural life is endangered?

On the whole, we may say that the expenditures on schools for the deaf are not without results. The majority of our deaf children become more or less self-supporting in a number of vocations, and a few take part in civic projects for the benefit of the nation as a whole rather than for personal, individualistic interests. We must admit, however, that it is extremely difficult for a deaf person to submerge

his personal interests in those of the whole community or nation, much more so than for a normal person.

The speech and language limitation (i.e., the general difficulty of communication) is the main factor in the deaf person's inability to lose himself in the whole state, no matter how intelligent and well educated he may be. The quality of the deaf man's work may not be affected, but his usefulness as a member of the National Socialist State is curtailed. Above all, he cannot serve in the army, and most of the women cannot bear children, being prevented from propagating their defect by the sterilization law. The deaf, therefore, never can be full citizens (*Staatsbürger*), but merely German subjects (*Staatsangehöriger*).

What is the value of the education of the deaf in the general scheme of education? We may have clarified a few questions, solved some problems, but nobody can maintain that, without us, psychology, medicine, the sciences of language and pedagogy would have suffered irreparable loss. On the whole, the contributions of the schools for the deaf to the general field of education have been very modest.

The only justification for the existence of the school for the deaf, therefore, is from a social point of view. The school for the deaf is the only medium that enables deaf people to take their part in the life of the community that they do, and to that extent society has a responsibility for those of our fellowman who, through no fault of their own, are thus handicapped. But there are limits to these responsibilities, and it is a biological sin not to observe these limits. Christian sentimentality has been instrumental in favoring institutions for the intellectually, morally and physically handicapped at the expense of the common public school, and in practice, the result has been that the greater the degree of idiocy, feeble-mindedness, blindness, deafness or other physical handicap was, the greater the public expenditure for these biologically inferior people, while insufficient care was taken of the normal children of parents who were out of work or had very meager means.

Since the maintenance of schools for the deaf can be justified from the social point of view only, it behooves us to consider the following two questions.

1. Are the sums of money now spent on behalf of the deaf absolutely necessary, and in what way can they be reduced?
2. Is the present manner of using these means the best, considered from the point of view of the totalitarian State, or should we find new ways?

In answer to the first question, we must realize that the ratio of the deaf to the total population is about one per thousand and, according to Hild, the expenditure on account of the deaf represents from one to one and one-half per cent of the total budget. [It is not clear what budget is referred to.—Translator] Even if the last estimate is too high, there is no doubt that amounts spent are proportionately many times those spent for normal children. It may be claimed that these large expenditures are necessary to prevent the deaf from becoming permanent public charges, but this claim can hardly be substantiated. The new State will have to effect economies. The law to prevent the propagation of inherited defects (sterilization law) will, of course, reduce the [number of] deaf in the future, but the effect of this law will not become noticeable for some time, and even when the law is strengthened to include those with recessive hereditary defect characters, it will not completely eliminate the deaf. In the meantime, parents might be expected to assume a larger share in the increased cost of the education of their defective children. It is not fair that the parents of healthy children should be penalized for the sake of biologically inferior children by having to contribute indirectly a larger share for the education of these defective children than for their own healthy children. In the future, parents of deaf children will have to bear the full cost of maintenance of their children in institutions and part of the increase in the cost of the tuition over that of normal children.

Finally, a part of our expenditures might be saved by excluding the uneducable deaf from our schools. By uneducable are meant those intellectually, and partly physically, so inferior that they will always remain a burden on the public, becoming institutional cases for permanent care, without contributing anything significant by their labor. The number of these is not very high, but to them might

be added those who, from a language and intellectual point of view, are not very far removed from the zero point, but who can do manual labor. The fact that they can "learn something" is really not the deciding factor. Unless their academic success is considerable, the tremendous expenditure is not justified.

The duty of the school for the deaf is to educate the deaf to a complete acceptance of the policies of the New State and to a submergence of their individualities in the totality of the nation. This is, of course, a most difficult problem because it involves a struggle with the ghosts of the dead past. Only when the deaf reach the point where they take it for granted that they have no right to receive preferred treatment educationally, except on the grounds of special abilities or achievements, will the goal have been reached.

The education of the deaf comprises mainly two points—ability to comprehend and vocational skill. From a social-national point of view, ease of communication is of greatest importance, and the teaching of speech and lip-reading supersedes everything else. Such education, of course, is valuable only to the extent that it results in intelligible speech, and is, therefore, restricted to the so-called Class A pupils and those partially deaf. Those less gifted (i.e., those whose speech will never be of such a nature as will enable them to use it in ordinary intercourse) should be taught in larger classes, with writing as a basis for language teaching and a larger amount of manual training, which need not be given by trained teachers of the deaf. The length of their attendance at school might also be reduced.

Such a reorganization would enable schools to get along with considerably reduced budgets, and when the number of pupils gradually diminishes, the buildings will be available for other purposes. Even under these circumstances, the cost of the education of the deaf will still remain comparatively high, but it will be more justifiable.

The school for the deaf, therefore, in the New Germany will occupy an entirely different place. The steps to be taken may seem extraordinarily harsh, but they are biologically necessary. The whole revolution draws its strength from the biological foundations of our nation. The German nation had sufficient vitality left to produce in

time of need the great Leader. Above all, our nation proved its will to live by placing full confidence in the Leader and following him unconditionally. This is the best guarantee that Hitler will complete his tremendous task. But he needs your unconditional co-operation, German teacher of the deaf!

Notes

1. An exception would be Harriet Montague, "A Problem at Our Own Door," *Volta Review* (August 1939): 453–57, wherein the author reviewed several letters from deaf and hard of hearing Jews or professionals in the field of deafness and asked readers to consider possible sponsorship of their visa applications.
2. The four European Jewish schools for the deaf were in Berlin, Budapest, London, and Vienna.
3. Throughout the 1930s, various children and graduates emigrated out of Germany. In 1939, eight children, in the company of Superintendent Felix Reich, traveled to the School for the Jewish Deaf in London as a part of the *Kindertransport* movement. In 1940, teachers Philipp Cann and Max Beyer were still teaching twenty-two children. The next year, there were only eleven pupils. The school was liquidated in 1942, and the remaining residents were deported to Theresienstadt. See Vera Bendt and Nicola Galliner, *Open Your Hand to the Dumb—The History of the Israelite School for the Deaf and Dumb in Berlin-Weissensee 1873–1942: Exhibition Program*, trans. Trixi Flügel (Hamburg: Adult Education Department of the Jewish Community Berlin and the Jewish Department of the Berlin Museum, 1994).

Teacher-Collaborators

Horst Biesold

Translated by William Sayers

The testimony I gathered suggests that educators in Germany's special schools actively supported racial hygiene measures against deaf people; they did not share the "rescue mentality" claimed by historians for special education teachers.¹ It is worthwhile to begin this discussion by reviewing the influence of the director of the German training institute for teachers of the deaf and the directors of regional institutions for the deaf on teachers' beliefs and actions.

The Training Institute for Teachers of the Deaf in Berlin-Neukölln

The State Institution for the Deaf at Berlin-Neukölln is the oldest institution for deaf pupils in Prussia.² It was founded in 1788 by the son-in-law of Samuel Heinicke, the founder of German deaf education.³ In 1811 it also became the training institute for Prussian teachers.⁴ Over time, other provinces began to send their teacher trainees to Berlin-Neukölln. The school's principal also served as director of the teacher training program.

Gotthold Lehmann assumed this dual position in 1924. Six years later he reported that the training program had twenty-eight candidates and that "the admissions register, which was begun in 1874," had reached candidate number 487.⁵ Lehmann was responsible for making proposals for future university courses to the Prussian State Ministry for Science, Art, and Public Education, and for supervising payments to the institute's faculty.⁶ The financial accounts for fiscal

This chapter is reprinted by permission of the publisher, from Horst Biesold, *Crying Hands: Eugenics and Deaf People in Nazi Germany*, trans. William Sayers (Washington, D.C.: Gallaudet University Press, 1999), 42–83.

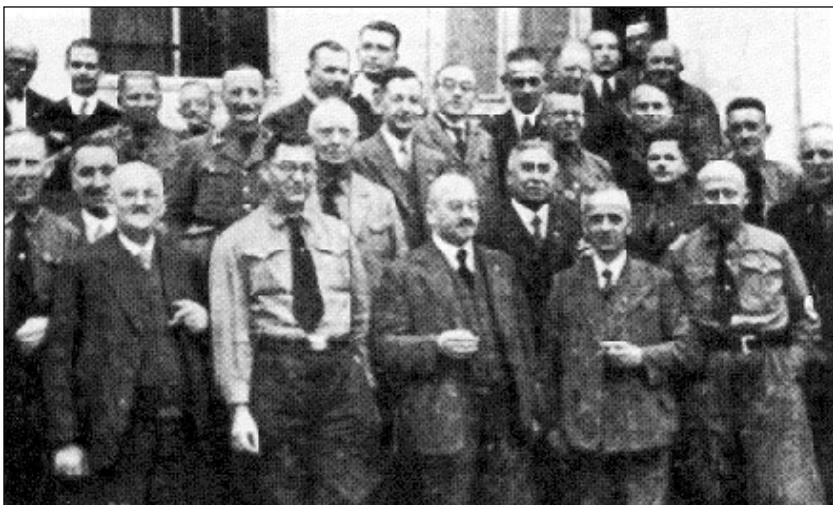
year 1930 and for second-year students during the winter term of 1931–1932 provide information about “special lectures” on professional themes. For example, a Professor Flatau lectured on the physiology of voice and speech.⁷

Early during the period of the Nazi Party’s expansion of power and the initiation of its race policies, Lehmann proposed eugenics-related topics for participants in the first-year program, such as “Introduction to the Theory of Heredity” and “Exercises in the Science of Heredity.” Course topics proposed for the years 1932–1938 “for the scientific instruction of participants in the program for the training of teachers of the deaf” illustrate Lehmann’s indoctrination of a generation of teachers with National Socialist racial ideas. Among the courses listed were the following:

- Eugenics
- The science of human heredity and German race cultivation
- Contemporary problems in the maintenance of public welfare (heredity, eugenics, sterilization, conservation)
- The theory of heredity and race hygiene
- Hereditary diseases
- General studies of deafness, the collaboration of the schools for the deaf in the implementation of the Law for the Prevention of Offspring with Hereditary Diseases
- Environment and hereditary predisposition
- Views on race hygiene
- The theory of human heredity as the basis for race hygiene⁸

Evidently, Lehmann’s proposals were accepted by the Prussian State Ministry for Science, Art, and Public Education, although the training programs were canceled by the Ministry for 1933–1935 and 1938–1940.⁹

The alignment of the teacher training institute’s curriculum with National Socialist goals was intentional. Lehmann was a member of the National Socialist Teachers’ Confederation even before the Nazis’ coordination and integration of the Union of German Teachers of the Deaf, and, according to a colleague from Berlin, he shared the



Reich Professional Group of Teachers of the Deaf and Hard of Hearing (with Reich Professional Group Leader and Party Member Maesse). Reprinted by permission from *Die Deutsche Sonder Schule*, 1935, p. 159.

National Socialist point of view.¹⁰ Furthermore, Lehmann encouraged the implementation of the sterilization law among the students of his institution. There are reliable accounts from those affected that he took the initiative in informing authorities about them and that he sought to influence parents.¹¹

The latter charge is substantiated by the case of a deaf woman, born in 1921 and ordered to be sterilized when she was fifteen. Lehmann's letter to the girl's mother is reproduced in figure 1.¹² Her mother protested the sterilization order in a letter to Lehmann on April 15, 1936. At the close of her letter, she wrote: "I cannot sign this [the consent form]."¹³ In the end, however, the deaf girl was sterilized anyway. Lehmann's letter (see fig. 2) reminded the mother that parental consent was not necessary.¹⁴

One of Lehmann's former students has described how force was used when pupils resisted sterilization. Just turned fourteen, he was to be sterilized at the Rudolf Virchow Hospital in Berlin in November of 1938 on the recommendation of his teacher, Schürmann. On his third attempt to escape from the school, he was apprehended by the police, put in handcuffs, beaten, and delivered to the hospital.¹⁵

The Director
 State Institution for the Deaf Berlin-Neukölln April 14, 1936
 and Mariendorfer Weg 47/60
 Training Institute
 for Teachers of the Deaf

Log No. 544

To Frau NN

The health authority of Berlin-Neukölln has informed me by a letter of April 6, 1936, that a judgment concerning the sterilization of your daughter has been delivered in accordance with the law and that NN is to be conducted within two weeks to the Neukölln Municipal Hospital for the performance of the operation. I would ask you to sign the enclosed declaration and to return it to me. We will then convey NN to the hospital.

I would point out that thus far fourteen sterilizations have been completed on our children and that in no case have negative effects occurred.

Heil Hitler!



Figure 1. Letter from Gotthold Lehmann requesting a parent's authorization on a sterilization order

The example of senior teacher Schürmann illustrates Lehmann's personnel policy. Schürmann had been a teacher at the Provincial Institution for the Deaf in Soest since 1929. He had particularly distinguished himself during the Nationalist Socialist training camp for officials of the Nazi teachers' confederation in Birkenwerder/Havel by giving a report on "hereditary biology in the schools for the deaf."¹⁶ Two years later, in a letter to the Reich and Prussian Minister of Science, Art, and Public Education, Lehmann nominated Schürmann for a university-level teaching position.¹⁷

Schürmann was to assume responsibility for the areas of general deaf studies and race cultivation. In his recommendation, Lehmann presented Schürmann as especially qualified for these duties, since "he has for some time been active as a consultant in the Reich Union of the Deaf of Germany." Lehmann particularly emphasized that Schürmann had been a member of the Nazi party since

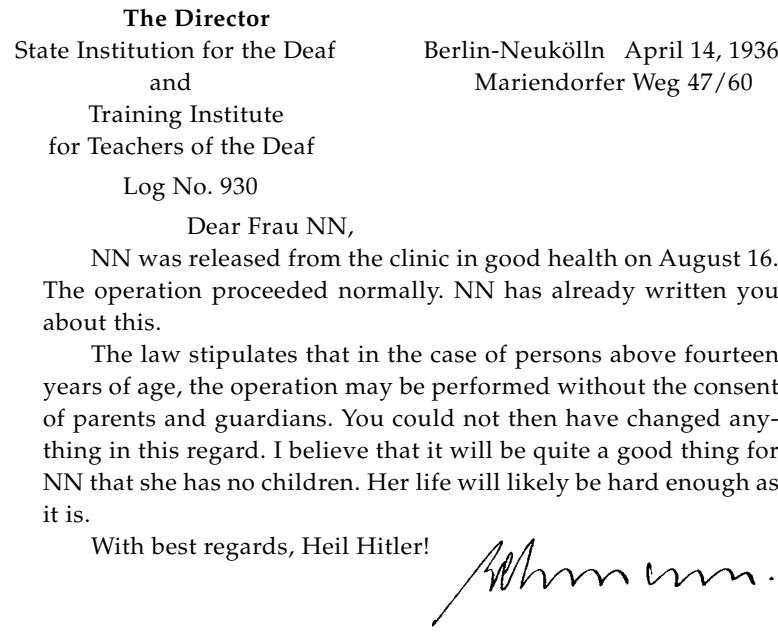


Figure 2. Letter from Gotthold Lehmann informing a mother of her daughter's sterilization

August 1, 1932. As a result, Schürmann was appointed professor of race cultivation, with the written authorization of the Reich and Prussian Minister for Science, Art, and Public Education.¹⁸

Lehmann selected candidates for teacher training according to political criteria. In one case, he rejected an applicant because the individual had been a member of the Social Democratic Party of Germany before the "seizure of power."¹⁹ Another applicant, on the other hand, was particularly recommended by Lehmann, since he was "an old fighter, a member of the Nazi Party since 1932."²⁰

Higher authorities noticed the director's support for Nazi objectives. After an unannounced inspection of his school's training program, the inspector appointed by the Reich and Prussian Minister for Science, Art, and Public Education, Dr. Schaefer, stated in the summary of his investigative report that Lehmann worked "with the greatest skill and exemplary conscientiousness" and that



Participants at the National Socialist Teachers Confederation Training Camp II at Birkenwerder in 1935

he had “tangibly stamped the overall image of the Institution with his educator’s zeal.”²¹

Director Wegge—The Provincial Institution for the Deaf in Soest

The crimes of Wegge, director of the Provincial Institution for the Deaf in Soest, who according to accounts of former students carried out his educational duties in an SS uniform, have until today remained concealed by institutional interests. The student register of the Soest school, however, offers a close look at Wegge’s attention to selecting students for sterilization.

The headings of the register, created by Wegge himself in the absence of any printed form, reveal the thrust of his activities. His handwritten entries state that the students were “examined for hereditary health.” Those whom Wegge determined should be sterilized had next to their names the code *A*, meaning “referral [Anzeige] to the Health Authority.”²²

The register begins with entering student number 1210, admitted to the Soest institution on April 15, 1925, and discharged on March

30, 1933, and concludes with student number 1779, admitted May 2, 1944, and discharged June 2, 1944. There are check marks in either blue ink or pencil next to the names of 338 of the 569 students Wegge recorded in the register. The blue ink definitely indicated that a student had been examined for "hereditary health," and the pencil may have had the same meaning. Wegge may be assumed, therefore, to have examined about 60 percent of his students for hereditary health reasons. However, this figure masks the diligence with which Wegge sought to "construct" the desired numbers of "hereditarily diseased deaf students."

The register indicates that Wegge referred 85 students to the health authority who had been admitted to the school from 1926 through 1934 (student numbers 1235 to 1471). This represents 36 percent of the 236 students covered by these register years, including 28 students transferred to Soest on January 8, 1934, from the Provincial Institution for the Deaf in Petershagen. Particularly heinous is the fact that Wegge informed against children aged eight to ten years old.

The register is not clear for the years after 1934, but it may be that Wegge reported on nearly every student. For students with entrance numbers between 1472 and 1779, under the column headed "Remarks," there is a handwritten addition, "A-Z: Reported to the health authority." With six exceptions, this reference is found for each child in this group. Occasionally, there is the name of a place and a date. The code letter A is missing. One can only speculate whether Wegge did, in fact, refer for sterilization 98 percent of all entrants to the school between 1935 and 1944.

Wegge attempted to cover the tracks of the policies that he initiated, as figure 3 shows. He recommended to the municipal health authority in Dortmund that the sterilization operations be carried out during the summer holidays to prevent student unrest and to avoid circulation of details of the sterilization among the deaf clubs. The second letter in figure 3 indicates that the health authorities agreed with his request.

Documents from the Soest institution demonstrate that many of this school's pupils were forcibly sterilized, and that Wegge not only

personally made the notification to authorities, but also arranged the transport of his students to the clinics where the operations were performed (see fig. 4). In one such case, Wegge reported to authorities on a ten-year-old student; the school apparently arranged to transport her to the municipal hospital in Hamm, and her parents were informed only after the operation had been performed (see fig. 5).

One more document from Soest further illustrates Wegge's attitude and tactics. In an attempt to intimidate parents who had protested an order to sterilize their daughter, he used the specious argument that consanguinity in the child's paternal great-great-grandparents "justifies the suspicion of hereditary disease." He warned that the parents' appeal of the sterilization order would not be successful, that the operation would be performed "with force if required," and that, in any case, "if hereditary disease is indeed present, it would be appropriate that [their daughter] not have children" (see fig. 6).

SS Director Bewer—The Provincial Institution for the Deaf in Königsberg

Four former students of the Institution for the Deaf in Königsberg, Prussia, indicated on their questionnaires that SS Director and Senior Teacher Bewer reported them to the authorities, and there is other evidence indicating Bewer's complicity in Nazi crimes.

Alexander Hundertmark, who was chairman of the Deaf Refugees until his death in 1980, gave a deposition in 1957. His statement naming Bewer was written on behalf of a former fellow student who applied for remuneration under the Federal Compensation Law. She had been forcibly sterilized, Hundertmark said, "through the offices of Senior Teacher of the Deaf, Bewer," who was "known to have been a fanatic Nazi."²³

I also questioned a former student at the Institution in Königsberg concerning Bewer's activities. Frau T. was not sterilized, as she argued successfully that she had lost her hearing due to a childhood accident. Frau T. said that Bewer wore his SS uniform in the course of his school duties. He remained faithful to the Nazi regime up to



Provincial Institution for the Deaf in Königsberg, Prussia.

the last day of the war. In 1945, when the Soviets were already outside Königsberg, Bewer ordered all forty-eight students in the vocational school at the institution to remain at the facility. This order resulted in the loss of thirty-six girls' lives.

Director Edwin Singer—The Institution for the Deaf in Heidelberg

Similar practices also reportedly occurred at the Institution for the Deaf in Heidelberg, which distinguished itself by following the party line and publicizing "hereditary biology" data on its students. The director of the Heidelberg school, Edwin Singer, collaborated closely with the head of the university ear, nose, and throat clinic, Professor K. Beck, and with the resident physician at the Institution, Dr. W. Hoffmann.²⁴

Former Heidelberg students answered the question "Who informed on you?" with "the institution" or "the teacher."²⁵ To the question, "Did the police come and take you to the hospital?" one person answered, "Director Singer, removed by force!" This individual was fifteen at the time of his sterilization in 1936. He described it this way:

While the other students from the Residential School for the Deaf in Heidelberg went on holidays, I and a few other deaf students were taken away on the orders of the principal for compulsory sterilization. I wanted to run away, but I knew that I didn't have a chance. They threatened to have me brought back by the police. Just before the operation I cried a great deal because I felt so powerless.

The Director
of the Provincial Institution for the Deaf
Soest, April 26, 1935

Your letter of April 12, 1935 File 32/K-II

To the State Public Health Authority:

For the sterilization of NN, the Municipal Hospital in Hamm will be used. I would ask you, if possible, to arrange that the operation be performed there during the summer holidays, which last from July 25 to September 2. By carrying out the operation in her hometown during the holidays, the sterilization can be kept from the other students more readily than if the girl were sent from here to Hamm.



State Health Authority of the Minden District
The Public Health Officer Minden, Westphalia, May 29, 1935
To Fräulein NN of XX
c/o the Director of the Provincial Institution for the Deaf Soest

In accordance with the application of the director of the Provincial Institution for the Deaf in Soest of May 28, 1935, the procedures for your sterilization operation pursuant to article 7 of the third decree of the Law for the Prevention of Offspring with Hereditary Diseases of February 25, 1935 (*Reich Law Gazette*, I, p. 289) will be postponed until the beginning of the summer holidays (July 24, 1935).

In accordance with this letter and with the order to undergo the operation that was sent to you by the public health officer on May 25, 1935, you will present yourself at the Municipal Hospital (Dr. Kopischke) or at the private clinic of Dr. Strempe in Bad-Oeynhausen, promptly after July 24 so that the entire process can be completed in timely fashion by the end of the holidays (September 3).



Public Health Officer

Figure 3. Correspondence from Director Wegge and a public health officer regarding a student's sterilization

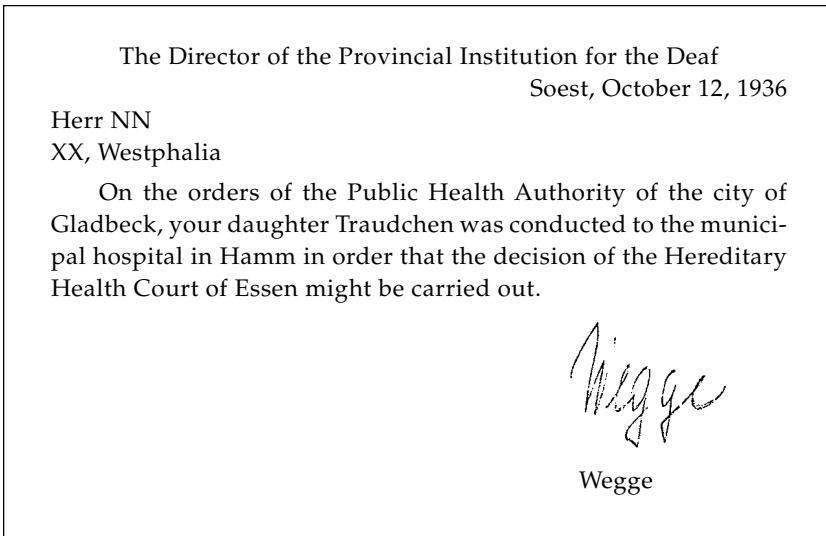


Figure 4. One example of a letter describing transportation to a clinic for sterilization

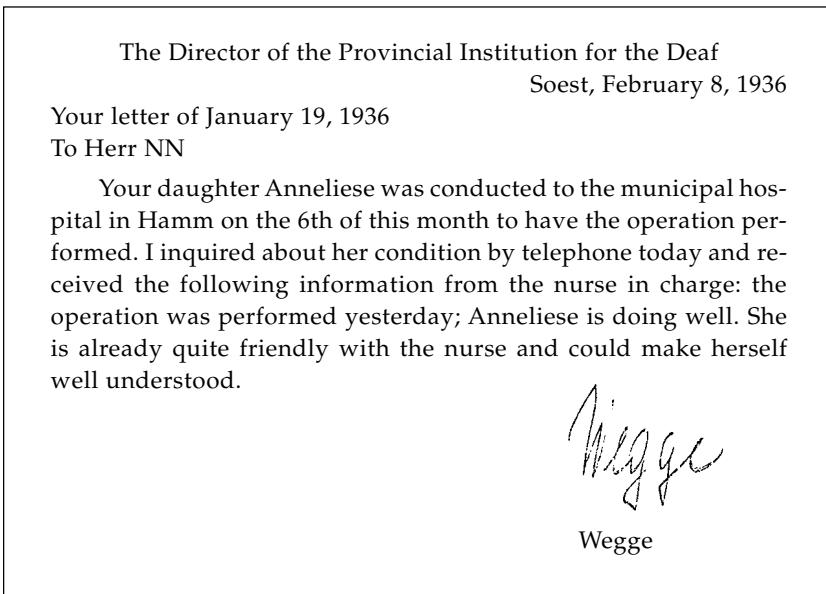


Figure 5. Sterilization operations often took place without parents' knowledge

Provincial Institution for the Deaf, Soest, Westphalia

February 19, 1935

To Frau NN

Your letter of February 15, 1935

Dear Frau NN,

Since I was on leave, I am only today able to respond to your letter. The Hereditary Health Court will point out that in your husband's family there is a consanguineous marriage. His great-grandparents were first cousins. Such a consanguineous marriage, even so far in the past, justifies the suspicion of hereditary disease. Proof that NN incurred deafness as a consequence of an illness in her early youth would then be difficult for you to advance, since you previously indicated that the deafness was innate. Your husband may withdraw his application. The process will, however, proceed. In the event that the Hereditary Health Court decides in favor of sterilization, you may file an appeal. The matter will then be dealt with by the Superior Hereditary Health Court. If it confirms the decision for sterilization, this will be carried out, with force if required. In the case of children, recourse to such coercion will not be made until they are 14 years of age.

The sterilization of girls is not performed in Soest but in a hospital in Hamm. As far as I have heard, the subjects all recover quite promptly.

If you cannot prove that NN became deaf as a result of illness, your appeal will scarcely have a chance of success. If hereditary disease is indeed present, it would be appropriate that NN not have children. There are no other negative effects from the procedure.

Figure 6. Wegge used intimidation and coercion to fulfill the sterilization laws

Two other informants specifically named Singer as the person who reported them to the authorities. One of these men applied for compensation in 1951 and sought the assistance of the Baden Association of the Deaf in Heidelberg. The chairman of the association was the same Edwin Singer, their informer. He wrote back to the sterilized deaf man: "We can confirm from our own knowledge of the exact circumstances that in 1936 (March 19) you were a victim of

the Law for the Prevention of Offspring with Hereditary Diseases. The sterilization operation was performed at that time in the surgical clinic in Heidelberg.”²⁶

For Singer, as for many other Nazi followers, there was no reason after the collapse of the Third Reich to reflect on and analyze the failures of German deaf education during the previous twelve years of fascist rule. In 1946, Singer turned to the new agenda, just as if it were a question of clearing away rubble. He expressed no concern for the disenfranchised, those former deaf students who had been robbed of their basic human rights, degraded, and exterminated.²⁷ In a 1946 article he wrote that it was “not seemly for us to dwell on the ruins.” Rather, teachers of deaf children should “teach them to speak, and warm their hearts so that they too become human beings.”²⁸

Singer’s inability to value deaf people and their lives, and the irony of his role as superintendent of a school for deaf children and then the head of an association for deaf people’s welfare, merits one more comment. A man born in 1919 and sterilized in 1935 exchanged letters with Singer, his former principal, in 1960 and 1961. This deaf pressman told Singer of his suffering and of his deep sense of violation. He was angry that Singer had never told him that he was to be made infertile, and he asked why he had to be sterilized. “You did not really understand what a human being is,” the deaf man wrote to his former teacher (see fig. 7). Singer, then eighty-one years old, replied with a haughty letter, saying, “The fact that you have no children should not be seen as a misfortune. Better to have no children than one who is blind or deaf or epileptic” (see fig. 8).

Oskar Rönigk—Homberg Institution

The Electorate of Hesse founded the Homberg Institution on May 1, 1838, as a training college for teachers of deaf students. Hermann Schafft served as its first principal, and he sought to implement Moritz Hill’s reforms for German deaf education at the school.²⁹ In 1933, a staff of sixteen taught eighty-eight deaf students.³⁰ Nazi Party member Oskar Rönigk was the principal; former students report that

Dear Director Edwin Singer, I must first ask you to pardon me for writing to you so openly and for requesting your response. The time is long since past when on September 16, 1926, I was admitted to the school at the Institution for the Deaf in Heidelberg. At the school I was taught by Herr Kaspar Derr, and was promoted and discharged on April 10, 1936. I was afterwards astounded by your earlier letter, which my mother had kept. My class teacher, Herr Derr, and my mother knew about it. What did my mother and the Lord God do to me, a poor child, that they didn't let me know about this when I left my hometown for the last time on March 8, 1935, in the direction of the institution for the deaf in Heidelberg? On March 31, 1935, I was confirmed in the Castle Church in XX. It was a beautiful confirmation ceremony. It was wonderful to celebrate God's holy victory. At once, my father received a registered letter from the District Court in XX (Nazi Party). When I came to the city hospital on Wednesday, April 10, 1935, I did not know what I was doing there. Then I lay in bed for only two days, until Friday, when the National Socialist doctor, Herr Karl Gamstädter, said that I would be operated on at 10 A.M. that same day. This assistant doctor sterilized my abdomen in the crudest fashion and made me infertile. On April 20, 1935, I was released from the city hospital. On the way home I was faint with weakness. I felt so tormented and cruelly treated because I hadn't been told anything. Why did you keep silent and not tell me that sterilization would mean killing my body and that it is a wrong and a crime that I cannot have any children? You also abused my brother NN and Frau NN and NN. You didn't warn us. We are not content with you professionally because of your offenses and disregard. Sterilization makes a body worthless. I no longer feel like a real person. It was not right and it was a tragedy. A very great and serious crime has been committed. God sees everything with a stern eye. He said, "Thou shalt not kill." Since that time I have suffered great misery. I am innocent. I can't have any children. Why did I have to be sterilized? For a long time I have been very dissatisfied with your actions, because I am unhappy that in 1933 [the formation of the Reich] you were already the Führer of the Hitler Party in the Heidelberg deaf school. You would rather kill my belly and have me sterilized and keep silent, than let me know openly that I

Figure 7. Letter from a sterilization victim to his former principal, August 15, 1960

could not have a child. Fortunately God can save me. He punishes the grave sins that were done to me with the killing and sterilization. . . . A great deal has been lost from my life, because there can never be any happy love. I can no longer trust you or accept the idea of how unjustly you treated people. For you, the word human is no longer applicable, because you gave me no help. You are guilty of a crime toward me. You abused me. You had me sterilized, killed, and destroyed me so that I can't have a child. You did not really understand what a human being is. I know from my own experience what Hitler was up to. He was a cheater, a liar and a serious criminal. I was not born defective and I am not feeble-minded. It was all deceit and lies and tricks of the Hitler party. Hitler was clearly feeble-minded himself. Otherwise he wouldn't have behaved like such a monkey, wouldn't have had such a big mouth and been so dishonorable. He was godless. . . .

Figure 7—Continued

he ran a very strict school and also informed on students to the health authorities under the sterilization law.³¹

An examination of the remaining records of this school allowed me to document Rönigk's actions. They revealed that the director not only reported his current students to the health authorities for sterilization, but also reported former pupils. From 1920 through 1932, thirty-four students were discharged from the Homberg school. Rönigk reported twenty-one of these, 62 percent, to the authorities. Twenty-nine of the seventy students discharged during 1933 and 1934 were reported by the director of their school (see table 1).

My research at the Homberg school had three goals:³²

1. To verify the accuracy of the information received earlier through the questionnaire and interviews
2. To determine whether students were reported on after being discharged from the school
3. To evaluate the effects of Rönigk's racial hygiene views on individual students

Edwin Singer, Director (ret.), Heidelberg, August 18, 1961
Herr NN,

Dear NN, To deaf adults I usually speak formally, but in this letter I will be more informal, as in the past, so that you understand me better. You wrote me that you were sterilized 26 years ago. I did not know that. But I am hardly surprised. At that time, all the hereditarily diseased were to be made infertile. You ask: Who is guilty? Who is responsible that you were sterilized? Many hundreds of thousands of people can ask the same question, all of whom were sterilized. My answer is: the government of the day. It was the National Socialist German Reich. At the head of the ruling party stood Hitler, Himmler, Göbbels, Frick, and others. They are all dead now. Do you want to carry your complaint down into Hell? Then they will answer in turn: Parliament, the duly elected representatives for the people, passed the Law for the Prevention of Offspring with Hereditary Diseases. The doctors had to obey and carry out the law. Dear NN, such complaints are useless. You are not badly off, but you are not content. But compare yourself to others. Several million fell in the war or were killed. You are still alive. You can work and earn a satisfactory living. The fact that you have no children should not be seen as a misfortune. Better to have no children than one who is blind or deaf or epileptic. Even as a youngster you were often unhappy. But when I talked to you and you thought things over, you were happy again. That's the way it should be now too. So, NN, keep your chin up. And good luck!

With best regards,
Edwin Singer

Figure 8. Edwin Singer's reply to his former student

The student registers available to me contained information on 593 Homberg students, 104 for the period 1920–1934. Red and blue marks were below or next to some students' names in the register. The same marks also appeared in various student files. The student records marked with red and blue proved to be those of students whom Rönigk had referred to the health authorities for sterilization. For such reporting, Rönigk employed a form letter that he had developed.

Table 1. Students Reported to the Health Authority by Oskar Rönigk

Research Corpus	Year of Discharge	Number of Files	Reports under the Sterilization Law	Percentage of Students Reported
Student records	1933–1934	70	29	41.43
Student records	1920–1932	34	21	61.76
Total research corpus		104	50	48.08

Rönigk's decisions about children to report were determined by entries in the school register under the headings "Physical Condition" and "Cause of Deafness." The notation "hereditary deafness" always led to a referral. But it is also possible to identify fifty-three students whom Rönigk also reported on for whom illness had occasioned their deafness or where the cause was entered as "not determined." Only by proceeding in this way could Rönigk achieve such a high number of "hereditarily diseased" students.

Rönigk also worked in the spirit of his fellow party member, Maesse, the leader of the Reich professional group, who tried to use genealogical charts of his pupils' families to conduct research on "hereditary diseases and on the conditions of genetic transmission in families."³³ For this purpose, Rönigk wrote to the parents of students, as seen in the letter transcribed in figure 9.

The headings on the inner pages of Rönigk's genealogical charts show the relevance of the questions to racial hygiene. For example, they deal with hearing impairment, consanguinity, and other perceived ailments.

Rönigk believed that it was necessary for school principals and doctors to collaborate in the implementation of the sterilization law, and that one or the other should make the report to the public health officer.³⁴ An example demonstrates this practice, and it provides more evidence of a school administrator's enthusiasm for sterilization of deaf people, as he released student files that had not even been requested.

Director of the Provincial Institution for the Deaf,
Homberg, December 20, 1934

The respected parents of our deaf and hearing-impaired students are *urgently* requested to complete the enclosed genealogical charts conscientiously and to return them to the Institution by Easter 1935 at the very latest.

Heil Hitler!
signed Rönigk

Figure 9. Oskar Rönigk's letter requesting genealogical charts from his students' families

On July 21, 1935, the chairman of the district council of Korbach inquired into the behavior, during her school years, of a deaf girl who had been discharged from the institution. His letter of inquiry stated that the girl "has already begun to fool around," and he asked, "Were any steps taken at that time in the way of sterilization? Since it is unquestionably a case of hereditary deafness, making an application is an urgent matter."³⁵

Rönigk's reply on July 29, 1935, indicates collaboration between the school and Nazi medicine. He wrote that "notification [for sterilization] is made in cases of this kind in the course of the student's last year at the institution," but this girl had not been scheduled for discharge until the following year. Rönigk nevertheless was more than willing to comply. "I enclose NN's student file with the request that you take cognizance of it and return it," he wrote.³⁶

Director Heidbrede at the Schleswig Institution for the Deaf

Georg Pfingsten founded the Schleswig Provincial Institution for the Deaf in 1787. By 1931, the school had 14 staff members and 121 deaf pupils.³⁷ After the Nazi takeover, a Nazi Party member and teacher of the deaf named Heidbrede was appointed director. He immediately made efforts, in part based on his experiences at the Nazi Training Camp I, to enlist the support of parents and teachers for Nazi racial hygiene policies.³⁸ To that end, he developed the following letter to send to parents:

Schleswig, 1934

The agencies responsible for the implementation of the Law for the Prevention of Offspring with Hereditary Diseases of July 14, 1933, (*Reich Law Gazette* 1, 1933, No. 86) may expect accurate information from us concerning the deaf children who fall under the provisions of the law. In accordance with section 1, paragraph 2, of the law, these are persons suffering from *hereditary* deafness.

Our personal and medical questionnaires give us only scanty information on the *cause* of deafness, since they aim only to determine the educability of the child, and in this regard the distinction between inherited and adventitious deafness is of little consequence.

We would then request you to help us complete the missing information on the enclosed questionnaires with answers as detailed as possible. The information is unconditionally required for the complete and successful implementation of the law.

We know that we have set you no light or welcome task, but we hope that you will gladly take this opportunity to collaborate in the improvement of the German people, which is the ultimate objective of this law.

Your cooperation will be of value in completing the work of our Führer Adolf Hitler; in his vision, as we know, race hygienic thought is a cornerstone in the formation and expansion of the Third Reich.

"We must," as Professor Eugen Fischer, Director of the Kaiser Wilhelm Institution, says, "sharpen the focus of our ethical responsibilities and of our consciences with regard to coming generations. In addition to the love of our neighbors, we must add a love of our successors, who will be our grandchildren and great-grandchildren. We must not only love the people of which we are now a part but also those who we shall one day become."

We then count on your valuable assistance and request the prompt return of the questionnaire.

Heil Hitler!

The Director of the Provincial Institution for the Deaf

Kindly return the questionnaires to Lutherstrasse 14, Schleswig.

The questionnaires that were sent to parents of his deaf students with this letter—responses to which Heidbrede characterized as “absolutely necessary for the comprehensive and successful implementation of the law”—had been reworked by Heidbrede in keeping with the beliefs of his Nazi colleagues.³⁹ Heidbrede used not only Questionnaire B of the Nazi authority for public health, Schleswig Holstein district, but also a questionnaire that he himself had developed.⁴⁰ The primary objective of his questionnaire was “research into family trees” on the “sound basis of the genealogical charts of the Heidelberg Institution for the Deaf.”⁴¹

Heidbrede’s complicity in racial hygiene policies is also evident from data in the pupil discharge records for the academic years 1926–1943. The school director reported on five of his former students who were discharged between 1926 and 1932. Furthermore, on his own authority Heidbrede informed on almost one-third of his students, and thus delivered them to sterilization authorities (see table 2).

Individual cases indicate Heidbrede’s enthusiasm for his racial hygiene work. He wrote the following comment in one student file and forwarded it to the relevant heredity health authorities:

The mother of NN and the father of the twin brothers NN and NN are siblings. In the case of these cousins it is then a question of hereditary deafness in the family, which falls under the provisions of the Law for the Prevention of Offspring with Hereditary Diseases.⁴²

In another example, in which the hereditary health authority in Heide requested information on the “hereditary deficiency” of a female student as part of its investigation into large families, Heidbrede entered a remark on a transcript that was sent on March 10, 1936.⁴³ There he expressed the opinion that the student was “totally deaf and very weakly endowed, as well as not beyond ethical reproach (suffers at times from kleptomania).” “Furthermore,” he wrote, “In consideration of the circumstance that there is an additional deaf child in the family, I would certainly assume that NN does indeed suffer from a hereditary defect.”⁴⁴

Yet another case demonstrates Heidbrede’s attitude. In a confidential letter of May 24, 1939, the district public welfare authority in

Table 2. Students Reported to the Health Authority by Heidbrede

Research Corpus	Year of Discharge	Number of Files	Number Reported under the Sterilization Law	Percentage of Students Reported
Student records	1926–32	23	5	21.74
Student records	1933–35	77	21	27.27
Student records	1936–43	20	10	50
Total research corpus		120	36	30

Ratzeburg inquired about a former student of the Schleswig Institution who had been discharged from the school in 1936. The letter inquired “whether the preconditions for sterilization had been identified or whether this procedure had already been implemented.”⁴⁵ Heidbrede replied, also confidentially, that he did not know whether “in the meantime the law of 14.VIII.1933 had been applied” in the case of his former student. He regretted that the file did not permit him to say “whether in the present case it is an instance of hereditary or adventitious deafness,” and he complained that “no sure information was available from relatives.” Heidbrede apparently wished to indicate that genetic deficiency could be assumed and sterilization warranted, however, for in his reply he wrote: “In any case three brothers of the paternal grandfather died of tuberculosis.”⁴⁶

The Schleswig Institution’s willing cooperation “in the improvement of the German people” and “valuable assistance in completing the work of our Führer Adolf Hitler,” in Heidbrede’s words, are also illustrated in figure 10.⁴⁷ They indicate that Nazi authorities, with the complicity of the school, wanted to streamline the process of identifying supposedly “defective” persons.

Collaboration in Private Institutions

Franz Schmid and Georg Schmid—St. Joseph Private Institution for the Deaf

Even private Roman Catholic schools were unable to protect their students from the hands of Nazi teachers. A sixty-year-old former resident of the St. Joseph Private Institution for the Deaf in Schwäbisch Gmünd wrote on his questionnaire that he and about forty classmates, including two of his brothers, were taken for sterilization immediately after being discharged from the school.⁴⁸ Another former student described the same incident, adding that none of the boys knew what was going on at the time. "Only later," he wrote, "did I learn just what kind of hospital stay I had made. What kind of a body do I have now?"⁴⁹ A third victim has identified Franz Schmid, the institution's director, and senior teacher Georg Schmid as the informers who turned the boys in for sterilization.⁵⁰

District Instructional and Vocational Institution for Deaf Girls

Two concluding examples are drawn from the District Instructional and Vocational Institution for Deaf Girls in Dillingen, a Catholic school founded in 1847 at the suggestion of J.-E. Wagner, professor of dogmatics at the university in Dillingen. Wagner was also the pastor and spiritual director of the Franciscan convent in Dillingen. In 1931, ninety-eight Catholic girls attended the convent school. They were taught in eight classes by twelve trained nuns.⁵¹

In 1936 a thirteen-year-old deaf baker's assistant, who was living at the institution, received a letter telling her to submit voluntarily to the sterilization operation. She refused on the basis of section 6, paragraph 4, of the ordinance for the implementation of the law from December 5, 1933. This section reads:

If the subject has been admitted at personal expense to a private institution that offers a full guarantee that reproduction will not occur, the law stipulates that on the subject's application the completion of the operation may be deferred as long as the subject is living in this or a similar institution. If the subject is legally

incapacitated or has not yet reached eighteen years of age, the legal guardian is authorized to make such an application. If a deferral occurs before the eighteenth birthday, the subject may after that date make a personal application for further exemption.⁵²

The ordinance thus indicates that the girl was within her rights in refusing to allow the operation to be carried out. She was clearly in a private institution. Since she had not yet passed her eighteenth birthday, however, she had to ask her guardian to apply for the exemption from the operation.

The mayor of the city of Dillingen, Dr. Hogen, dismissed the regulation related to private institutions in his decision (see fig. 11). He claimed that as he was the girl's legal guardian, article 6 of the ordinance justified his use of coercive measures. He apparently followed the case closely, and wrote on the back of his decision, "Matter settled. NN was committed to the Günzberg Hospital on December 14, 1936."⁵³

A particularly dramatic case study is offered by the record of another student at the Dillingen Institution. Her guardian was Conrad, the Nazi director of the State Institution for the Deaf in Dresden. The



Students at the District Vocational and Instructional Institution for Deaf Girls in Dillingen embroidering church vestments

Race Political Authority of the Nazi Party and Office of the Leader Reich Administration	Reich Union for the German Family
Nr. _____ Berlin W 15, Sächsische Strasse Nr. 69. To the Leader of the School for the Deaf in Schleswig Re: Hereditary biology screening (Strictly confidential)	
<p>For the purposes of the race biology screening of the Reich Union for the German Family I would request, in the interests of saving time, that in the place of the previously requested copies of affidavits concerning the family named below you complete the information on the next page about members of the family who attended or are attending school there. The family must under no circumstances know of this. Please accept my grateful thanks in advance for a fully completed response.</p> <p>Kindly send replies to: Reich Union for The German Family Schleswig-Holstein Provincial Administration Kiel, Sophienblatt 23</p> <p style="text-align: right;">Heil Hitler! (signed) I. A.</p>	
Encl: Postage-paid return envelope	
To families to be judged: Name of the head of the household: NN Residence: XX	
1. Child NN born xxxx	
1. Which children attend a special school (schools for the feeble minded, for the deaf, for the blind) Name and location of the school:	NN <i>Provincial School for the Deaf Schleswig, since 1936</i>
2. Were the objectives of the school not reached or is there a prospect that they will not be reached? By which student?	<i>NN is a student in a weakly endowed class in which it is foreseen that he will achieve the objectives of the school.</i>
3. Have you noted in the children signs of bodily malformation or defects such as epilepsy, feeble-mindedness or unhealthy inclinations?	No

Figure 10. Letter and questionnaire sent to families of children in the Schleswig Institution for the Deaf

<p>4. In the event of poor performance, do you consider the children nonetheless of average gifts? How do you explain the poor performance?</p>		No																							
<p>5. Please rank the children (by the numbers assigned them on the next page) in these categories of natural endowment:</p> <table border="1"> <thead> <tr> <th>Weakly endowed</th> <th>Below average endowment</th> <th>Average endowment</th> <th>Above average endowment</th> <th>Highly endowed</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Weakly endowed	Below average endowment	Average endowment	Above average endowment	Highly endowed	No. 1															
Weakly endowed	Below average endowment	Average endowment	Above average endowment	Highly endowed																					
No. 1																									
<p>6. Have you observed signs of character-related inferiority? In which child? Which signs?</p>		No																							
<p>7. Does the family home provide for the well-being of the child? (Physical care and clothes, supervision of household tasks or other positive upbringing by parents and siblings, any abusive exploitation of the child as a domestic servant?)</p>		Not known																							
<p>8. Are other family members or blood relatives inmates in a school for the retarded, reform school, nursing home, preventive detention center, etc.? Who?</p>		Not known																							
<p>9. Final numerical grades, as well as the grading system employed</p> <table border="1"> <thead> <tr> <th></th> <th><u>Child 1</u></th> <th><u>Legend</u></th> </tr> </thead> <tbody> <tr> <td>Language</td> <td>4</td> <td>1=very good</td> </tr> <tr> <td>Counting</td> <td>4</td> <td>2=good</td> </tr> <tr> <td>Phys. Ed.</td> <td>3</td> <td>3=satisfactory</td> </tr> <tr> <td>Manual work</td> <td>3</td> <td>4=adequate</td> </tr> <tr> <td></td> <td></td> <td>5=not adequate</td> </tr> <tr> <td></td> <td></td> <td>6=unsatisfactory</td> </tr> </tbody> </table>						<u>Child 1</u>	<u>Legend</u>	Language	4	1=very good	Counting	4	2=good	Phys. Ed.	3	3=satisfactory	Manual work	3	4=adequate			5=not adequate			6=unsatisfactory
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		5=not adequate																							
		6=unsatisfactory																							
<p>Place and Date: Schleswig, June 22, 1943 Signature of the school leader: Director of the Provincial School and Residence for the Deaf signed Obrecht</p>																									

Figure 10—Continued

Re: Sterilization of NN, baker's assistant in the Institution for the Deaf of Dillingen, born xx in XX, resident in Dillingen at the Institution.

Decision

It is hereby ordered that NN born on xx in XX shall be forcibly conveyed to the hospital in Günzburg for a sterilization operation, unless she immediately goes there of her own accord.

Grounds

NN is to be sterilized in accordance with the decision of the Hereditary Health Court of the Augsburg District Court of October 20, 1936, No. XIII 414/36. The decision has been drawn up by the court clerk in the office of the Hereditary Health Court with the mention that it becomes final on November 13, 1936, and that the sterilization operation may also be performed against the will of the subject. This decision was delivered on November 19, 1936, to the legal representative of NN, NN a farmer in XX, with the order of the public health officer that NN present herself for the operation at either the municipal hospital in Augsburg or in Günzburg within two weeks.

Since NN did not submit to sterilization voluntarily nor did her legal representative provide any further explanation, forcible sterilization at the hospital of Günzburg is to be effected in accordance with the prescription of the state health authority in Dillingen with the assistance of the responsible police authorities (Mayor of the City of Dillingen) (article 6 of the Ordinance of December 5, 1935, *Reich Law Gazette* 1, 1021, section 2, Ordinance of July 8, 1933; Referral No. 222/36).

Dillingen, December 10, 1936
District Police Authority, Dillingen
signed Dr. Hogen

Figure 11. Dr. Hogen's decision to override Article 6 of the Law for the Prevention of Offspring with Hereditary Diseases

June 18, 1937, entry in her student progress record shows that Conrad requested that the administration of the Dillingen institution permit the sterilization of his deaf ward. In doing so, he angered the Catholic administration there, since the Vatican had issued the encyclical "Casti connubi" on December 13, 1930, stating that "authorities do not have direct power over the bodily organs of their subordinates."⁵⁴ The orthodox Catholic view was to reject all motives for violating

the integrity of a human being, especially eugenic motives.⁵⁵ This unambiguous stand by the Holy See against eugenic efforts serves as the background for a letter from the directress of the institution, the Franciscan nun and senior teacher, Mother Agreda Dirr. She wished to save the trainees entrusted to her from the grasp of the Nazis. Conrad's answer was not long in coming. Although Conrad was the girl's guardian, the young deaf woman nevertheless attempted to prevent the sterilization. Mother Dirr supported her by writing another letter to Conrad. However, Conrad's response again emphasized that he was not moved by the arguments concerning negative psychological consequences on his ward. Then, as before, he did not agree to the deferment, and the victim was forced to submit to the operation against her express will (see fig. 12).

June 21, 1937

Dear Director Conrad,

Our letters concerning NN have apparently crossed in the mail. To be on the safe side, we must not neglect to call your particular attention once again to the possibility of article 6, paragraph 4, of the implementation ordinance for the hereditary health law. . . .

The Institution for the Deaf of Dillingen qualifies as such a private institution in the sense of the law according to the decree of the Reich Minister of the Interior of January 11, 1936, No. 5348 e 133. This would then offer a legal possibility that NN would not have to undergo the operation, since there is no charge against public funds on her behalf. In any case, she would then have to renounce holidays with her grandparents or anywhere else outside a private institution. We have a wealth of girls here who have taken advantage of this ruling. I would request you to communicate to me whether you will make an application on behalf of your ward under the provisions of article 6, paragraph 4. This must occur within the prescribed fourteen-day period.

I look forward to hearing from you.

With German greetings,
Mother Agreda Dirr
Directress of the Institution

Figure 12. Correspondence between Mother Agreda Dirr and Herr Conrad, Director of the State Institution for the Deaf, Dresden

Dear Madame Directress, article 6, paragraph 4, of the Law for the Prevention of Offspring with Hereditary Diseases, which you cite, is known to me. Nonetheless, I should like to have the operation carried out, firstly, to permit NN to go on holiday to her relatives and acquaintances and, secondly, since the sterilization would in any case have to be performed if NN left the institution or got married, and the operation is *then, in my experience, much more unpleasant than if it had been performed at a younger age* [emphasis added].

Institution for the Deaf, Dillingen/Danube July 3, 1937

Dear Director,

I have just received 50 marks for NN and have had them deposited in her savings account until she needs the money.

At the same time I must inform you that NN was not prepared to go to Günzburg on July 1 and it then happened that I went with her to the district physician instead of the hospital so that she could herself request that the operation be postponed. I supported her urgent request and accompanied her later that same evening to the public health officer who stated that the operation could very easily be postponed, since NN lives in a private institution. All that needs to be done is that her guardian submit an application to the relevant district physician for a postponement of the decision. That is the present state of things.

I was more than a bit surprised at NN when she stood up for herself with such firmness. That has not often happened earlier. I believe that if NN is not permitted to go on holidays again this year, she will finally make up her mind on her own and it would probably be best to sit back and wait for this. For this girl, who from a psychological point of view is rather fragile, formal coercion would not have good results, and I would be of the opinion to wait until she leaves the institution, whether on holidays or for good. I look forward to your decision and eventual application on her behalf.

With German greetings,
Mother Agreda Dirr

Extracts from NN's Student Progress Record, July–August 1937

April 21, 1936: A. started her instruction in plain needlework at the beginning of the school year. Inquiry concerning hereditary disease.

Figure 12—Continued

July, 1936: A. cannot travel to her relatives for the holidays. Director Conrad proposes to take her to the summer camp at a country place near Dresden, but since the investigation into hereditary disease is still ongoing, he considers it better that A. remain in Dillingen for the time being.

June 18, 1937: A. has received an order to present herself for sterilization within fourteen days. At the same time her guardian also sent the decision and the legal order with the request that A. should comply with the order on July 16, 1937.

June 21, 1937: We have reminded the guardian of the possibility of a postponement of the decision by reason of entry into a private institution.

June 23, 1937: Nonetheless, the guardian urges the completion of the sterilization; grounds:

1. A. can then go home to her relatives for the holidays;
2. Sterilization would still have to be performed when she left the institution or if she married and would then be much more unpleasant than now.

July/August, 1937: A. was to have been brought on July 1, 1937, to Günzburg but she refused and applied to the district authorities for a postponement of the operation. The latter required that her guardian submit an application for a suspension of the decision. The guardian is not in agreement with the deferral. A. was taken to the hospital in Günzburg on July 22, 1937. After the completion of the sterilization operation she returned to the institution on August 6, 1937.

Figure 12—Continued

The Pauline Home in Winnenden

The primary objective of research at the Pauline Home was to determine from the evidence of resident files the number of persons referred to the health authorities.* As in other cases of archival work, this was a matter of testing and verifying the responses given to the question "Who informed on you?"

* The administration of the Pauline Home (an institution of the Home Mission) permitted unimpeded access to the archives. Their supportive attitude stands out in comparison with that of other institutions in the Federal Republic of Germany.

Two criteria guided the selection of resident files: (1) The person in question must have been a resident of the Asylum for the Deaf at the Pauline Home in Winnenden between 1933 and 1945 and (2) he or she must have reached reproductive age. Forty-nine residents met these requirements. Twenty-six were reported on in accordance with section 3 of the sterilization law. The superintendent's office of the Pauline Home submitted recommendations on its own initiative for the sterilization of wards in sixteen instances. In ten others, the application was made by the provincial youth health officer in Stuttgart or by the health authorities with the cooperation of this office. Twenty-three students were not reported for sterilization.

A vocational school also was associated with the Pauline Home in Winnenden. Thirty-three students attended and received training as basketmakers, tailors, shoemakers, and brushmakers.⁵⁶ I sampled twenty-seven student files from the vocational school to determine whether the superintendent's office reported on young persons who were only temporarily lodged at the institution. The files showed that fifteen vocational students were reported on, and twelve were not. In six cases, the superintendent's office made the notification; in eight cases the provincial youth health officer stepped in; and in one case the health authority in Waiblingen instigated the report.

The figures are complemented by an official list drawn up by the Pauline Home in Winnenden concerning the application of the sterilization law. This list contains the names of fifty-nine deaf people, and in the diagnosis of "Hereditary Disease" lists "feeble-mindedness" and "deafness" indiscriminately. Only nine of the forty-one cases identified through my research appear on this list as reported under the sterilization law.

In summary, the seventy-six student records examined in Winnenden show that a total of forty-one children, about 54 percent, were reported on under the terms of the sterilization law. These figures do not reveal the effect this process had on its victims, however, or of the rigor with which the superintendent of the Pauline Home, Pastor Müller, transferred the young people entrusted to him to the machinery of the Nazi race fanatics. Müller was an adherent

of Nazi race ideology and a member of the Nazi Party. The “Troop Orders” for April 9, 1938, state that he was a storm trooper, Leader of Nazi 6/121 Second Troop.⁵⁷

Even before the implementation of the sterilization law, Müller had advocated the application of racial hygiene measures to a person living in the Asylum for the Deaf in Winnenden. In response to an August 2, 1933, inquiry of the district welfare office in Schwäbisch Hall as to whether continuing educational efforts at the home had good prospects for success, Müller wrote on August 4 as follows: “As it now is, it cannot be commended in good conscience to anyone. It will pose a constant threat to public welfare, unless *the principals of eugenics* are applied” [emphasis added].⁵⁸

The case history of a fourteen-year-old student illustrates Müller’s close working relationship with Nazi institutions engaged in the application of the Hereditary Health Law, although he presented himself as the guardian of his underage ward. After the “due process” of prosecution in the Hereditary Health Court, which passed sentence on January 19, 1939, Müller renounced his right to object to the decision for the sterilization of his ward.⁵⁹ This removed any possibility of an appeal and cleared the way for the operation. Just how eager Müller was to have the sentence carried out is apparent in a remark added to his letter to the Hereditary Health Court in Stuttgart: “I am requesting the prompt transmission of the definitive verdict, so that the sterilization can be completed as soon as possible before the confirmation ceremony.”⁶⁰

In four additional cases that have come to my attention, Müller demonstrated a similar eagerness. In one instance, the Hereditary Health Court in the District Court of Stuttgart noted in its judgment of September 17, 1935, that “the leader of the institution requests the completion of the sterilization operation, since the girl is not reliable in sexual matters.”⁶¹ This evidence led to a ruling favoring sterilization for a resident of the Pauline Home.

Superintendent Müller’s judgment was crucial to the fate of his students, as can be seen by comparing his comments with those used by the court to justify sterilization. In December of 1936, Müller wrote to the State Health Authority of Waiblingen about a

particular student. He said that she was “suspected of congenital feeble-mindedness.” This was his “evidence”:

NN was enrolled at our institutional school on April 22, 1922. . . . Her school performance was unsatisfactory; see the enclosed report card. After confirmation, the girl worked in various positions, but always came back to us. The chief characteristic of her behavior is defiance to the point of open impudence; toward men, on the other hand, she behaves in a very forward manner. She is a resident in our asylum at the Pauline Home and helps with the housekeeping. Her performance is poor and requires constant supervision.

Office of the Superintendent

The Hereditary Health Court’s decision on February 26, 1937, employed Müller’s language almost word for word as the grounds for its decree:

NN has been at the Pauline Home in Winnenden since April 22, 1922. Her school performance is unsatisfactory, as her discharge certificate from the Spring of 1927 shows. After confirmation, the girl worked in various positions, but returned to the Pauline Home in Winnenden. The chief characteristic of her behavior is defiance to the point of open impudence; toward men, on the other hand, she behaves in a very forward manner. She is a resident in the asylum of the Pauline Home and helps with the housekeeping, but her performance is poor and requires constant supervision.⁶²

Müller’s eagerness to have his pupils sterilized is evident also from the case of a young girl who was about to be discharged after successfully completing training at the Pauline Home. The provincial youth health officer in Stuttgart, a Dr. Eyrich, examined her case. He judged initially that the girl’s mother was “physically and mentally inferior.” Müller had indicated that the father was “of modest mental endowment,” but the physician disagreed. “The father . . . does not make an unfavorable impression on me, but is *very hard of hearing*” [emphasis added].⁶³

The parents had stated that the child was born hearing and was deafened at seven years of age as the result of a traffic accident (“on July 6, 1932, she was run over by a beer wagon”). Eyrich dismissed this testimony with the remark that “the child bears the signs of *lues*

congenita" (congenital syphilis), and apparently Müller was not convinced either.⁶⁴ Eyrich's examination indicated that girl was not feeble-minded: "For example, she can complete an intelligence test without difficulty, can read and write, do written sums quickly, and has also learned to sew at the Home . . . and has passed the apprenticeship examination." Müller's evidence, though, influenced the physician: "But according to the report of the director of the institution she is not a good worker and is very frivolous, is out after men, has an acquaintanceship with a deaf man in Feuerbach, but also flirts with the deaf in the institution."⁶⁵

Eyrich's ultimate conclusion in favor of sterilization is bizarre, but it achieved the goal he and Müller desired:

Diagnosis: congenital deafness. The question of whether deafness is of a hereditary nature cannot be unequivocally answered. In all probability, it is a question of deafness as the consequence of congenital *lues*. Consequently, the girl is not to be characterized as hereditarily diseased in the sense of the law. Nonetheless, I recommend sterilization since our findings suggest that *lues* is probably not the single cause of her inferiority and, in addition, the father is extremely hard of hearing. Both father and mother are mentally inferior. It must be concluded that the risk in NN having children is very great and that, in the event of reproduction, one must certainly reckon with inferior offspring. In addition, she would be completely incapable of raising a child in proper fashion.⁶⁶

Public health officer Eyrich's "expert opinion on proposed sterilization" was submitted along with his recommendation to the Stuttgart I District Court on December 7, 1934.⁶⁷ Further inquiry scarcely need be made as to the decision reached by the Hereditary Health Court of Stuttgart I.

The case history of a sister and her surviving brother, who could still be questioned during my investigation, demonstrates that Müller went far beyond the duties that were incumbent on him under the sterilization law. A basketmaker who lived at the Pauline Home in Winnenden reported that "the institution" informed on him.⁶⁸ The chief medical officer of the State Health Authority, Schwäbisch Hall, Dr. Walter Gmelin, in a letter of November 28, 1934, requested

"information whether hereditary disease was present" in the case of the basketmaker, who was then thirteen years old. The doctor continued: "The subject's sister has been reported to me on the grounds of hereditary (?) epilepsy."⁶⁹

Müller's reply makes clear that he reported on the brother and sister, and that he tried to persuade their parents that they should "voluntarily" apply for the sterilization operations (see fig. 13).

Just one year later, on January 30, 1936, a judgment was passed on the fourteen-year-old boy by the Hereditary Health Court of

Winnenden, February 11, 1935

To the Chief Public Health Officer, Schwäb. Hall,

Re: Hereditary health cases of NN, born xx, and NN, born xx, children of the farmer, NN, in xx.

Until December 23, 1934, NN was a charge in our vocational school for the deaf. In due course, she was reported by us to the provincial youth health officer responsible for the institution, Dr. Eyrich, as hereditarily diseased. He examined her and came to the decision that an application for sterilization should be made. Meanwhile, the time came for her discharge from the institution. This occurred in agreement with the provincial youth health officer. He had previously been in contact with the parents and had requested their agreement to the sterilization. Since I do not know whether the youth health officer has informed you as senior public health officer in Schwäb. Hall of this, I am so informing you now, so that if necessary the father can be prevailed upon to make the application voluntarily.

Her younger brother, NN, is also with us and will likely stay for a few more years. The youth health officer has also been notified about him. Since Karl is still rather childish, a recommendation about him can be deferred for some time. We will report again on him during his last year of training so that a decision can be made about an application for sterilization.

Office of the Superintendent
Müller

Figure 13. Letter from Superintendent Müller notifying the Chief Public Health Officer of two siblings' sterilization status

Öhringen: "NN is to be sterilized, because in the official medical assessment of the Provincial Youth Health Officer of Stuttgart he suffers from hereditary feeble-mindedness (section 1, paragraph 2, point 1, of the Law for the Prevention of Offspring with Hereditary Diseases of July 14, 1933)."⁷⁰

As noted earlier in this chapter, the two diagnoses—"hereditary deafness" and "hereditary feeble-mindedness"—were used indiscriminately, and they were prominent in the official list of conditions that called for the application of the sterilization law. In the case of this individual, as well as others, considerable doubt must be cast on the accuracy of the diagnosis "congenital feeble-mindedness." Several factors suggest that the label of "feeble-mindedness" is incorrect—the boy's four years of attendance at an elementary school; his residence since 1931 at the School for the Deaf in the Pauline Home at Winnenden, and his successful completion of training in basketmaking.⁷¹ Moreover, the official register of the Pauline Home lists under the heading "Ailment" only "congenital deafness" for the boy and his sister.⁷²

Research in the archives of the Pauline Home in Winnenden gives no indication of any effort by Müller to appeal sterilization decisions, although he could have done so according to section 9 of the sterilization law. Rather, he was an active proponent of sterilization and tried to intimidate parents into giving up their right to appeal decisions to sterilize their children, as shown by the following letter:

February 5, 1936

Dear Herr NN,

The Hereditary Health Court has decided on the sterilization of your son, NN. If you raise no objection to it before the District Court in Öhringen, the judgment will enter force on February 14. The sterilization operation will be performed in the Waiblingen District Hospital. We urge you, however, not to raise any such objection, since the matter will not be dropped because of this measure, but only deferred to a later date. With best regards.

Office of the Superintendent

In another case the parents of a fourteen-year-old girl, who was being trained as a clothesmaker, were not notified by Müller until three days after the girl's admission to the hospital and after the completed operation:

June 27, 1936

Dear Herr NN. We should like to inform you that by order of the hereditary health court your daughter has been in the Waiblingen District Hospital since Wednesday for a sterilization operation. It is anticipated that she will return to us by the middle or end of next week. With best regards and Heil Hitler!

Signed for (signature)⁷³

Müller was inconsistent on the question of whether the Pauline Home qualified as a private institution, and thus did not have an obligation to inform on its wards, while eagerly and voluntarily identifying children to be sterilized, and often for reasons that seemed to have little to do with their potential for transmitting hereditary deafness. An inquiry from the Esslingen District Welfare Authority, asking whether a resident of the institution ought to be discharged and returned to his mother, led Müller to answer negatively on November 3, 1938, and then to notify the health authorities of the child's eligibility for sterilization. He told the Welfare Authority, "NN is lame on one side so that he is very impaired when walking and working. He is completely deaf and dumb, and also very weak mentally. In addition, he has a very difficult character and is not easy to handle. The question of sterilization could be put off as long as he was at the Institution. Notification has been made to the health authority of suspected hereditary disease."⁷⁴

In the case of a fifteen-year-old deaf girl, who was being trained in needlework at the Pauline Home, Müller informed the district public welfare authority in Saulgau on April 17, 1936, that "her gifts are not sufficient to promise success in needlework training." He added in conclusion that "such pitiable children are best raised in an institution" and advised the welfare authority and the girl's father to let her stay on at the Pauline Home "in the girl's interest." Müller's chief argument for the "ongoing necessity of institutional

care" for the girl was "the constant danger of moral abuse."⁷⁵ He also found grounds for notification according to section 3 of the sterilization law. "We must also notify the provincial youth health officer about her because of hereditary deafness and congenital feeble-mindedness; in all likelihood the sterilization operation will also have to be carried out. (Until this matter is resolved she must definitely not be discharged from the Institution.)"⁷⁶

In the case of a fifteen-year-old boy, Pastor Müller told the Superior Hereditary Health Court in Stuttgart on April 8, 1936, that the "sterilization operation" was "urgently necessary." Müller wrote that the child's "debility is of moderate degree," and his performance was satisfactory in civics, reading, arithmetic, singing, and physical education. Müller found grounds for sterilization, however, because of "defects of character." He described the deaf boy as "extremely restless, very excitable, completely unreliable, rebellious, recalcitrant," with asocial behavior. Müller finally recommended a deferral of the operation for one to two years.⁷⁷

Müller not only used criteria other than deafness to justify sterilization, but he also seemed unconcerned about establishing any proof of genetic causes. Thus he wrote about one boy that "our documents provide no information" concerning the cause of deafness. Nevertheless, he wrote that "we have notified the appropriate district health officer of his suspected hereditary disease." Müller believed the child would need to be sterilized before he left the institution, but he told the State Health Authority in Ehingen, in a letter of October 20, 1936, that he would prefer the sterilization recommendation to come from them.

Pastor Müller's attitude, and the sterilization law itself, must have created anxiety and unrest among the deaf residents of such an institution as the Pauline Home in Winnenden. Indeed, on March 23, 1934, the youth health authority for Nürtigen-Urach discussed the case of a nineteen-year-old shoemaker's apprentice who was hard of hearing. The writer of the letter informed the Pauline Home that the boy's father said the youngster "has become very upset, as were other wards of the Pauline Home, on learning about the sterilization law. He is reported to have had thoughts of suicide at the prospect

April 13, 1944

To the Youth Authority in Nürtingen-Urach

Re: Care for NN, born xx, 1915, in XX.

Document M.F. 294

NN is one of our most promising charges. He is making very good progress in shoemaking. His behavior is also good. He will take his apprentice's exam in the fall and will probably pass with a good grade. Then it will be a matter of finding a position for him, and he will be well able to earn a living on his own. The sterilization law has, however, caused some anxiety among our charges. They read far too much about it in the newspapers. I have talked to him myself and calmed him down. I scarcely believe that his thoughts of suicide are to be taken very seriously. Our people talk a lot about it, especially since a severely psychopathic student took his life last year. Whether sterilization is necessary in NN's case is beyond my judgment to say. The hereditary health court must first determine whether his defective hearing is hereditary or not; the decision lies with this court.

We have only the responsibility to make reports. So far nothing at all has happened in this case.

Office of the Superintendent

Figure 14. Müller's reply regarding student concerns about the sterilization law

of sterilization." The letter concluded with the following statement and question for Pastor Müller: "I do not believe that in the case of NN there exist the preconditions for sterilization. Is the administration of the institution at all aware of these difficulties?"⁷⁸ Müller's ambiguous reply appears in figure 14.

Summary

The central question addressed in this chapter was whether the stand taken by educators of the deaf toward the sterilization law and their acquiescence in the implementation of that law support the claim of some German scholars that there was a "rescue mentality" among special education teachers. They do not.

In the mind of Reich leader Maesse, teachers of deaf students were “true defenders of the state and people” and functioned not only as “convinced advocates and collaborators” but as the “keenest agents in the great work of preventing diseased offspring.”⁷⁹ Furthermore, 349, or 28.72 percent, of the respondents to the questionnaire reported that they had been sterilized before reaching their eighteenth birthday, in part with the permission or active participation of their own schools, teachers or principals. Some 34 percent were informed on by their teachers (see table 3).

The close collaboration of deaf education, medicine, jurisprudence and other Nazi institutions made possible the extensive selection of “hereditarily diseased” deaf children and their referral to the Nazi race hygienists. The collective silence surrounding these events could have been circumvented by persecuted deaf people through their own communication system, but this was of no advantage in mounting a strong, more active resistance movement. Contributing greatly to this powerlessness was the unification and harmonization policy of the Reich Union of the Deaf of Germany (REGEDE), whose Nazi leadership clique fully endorsed the ideology of Nazi eugenicists and race hygienists.

Under these circumstances, the various expressions of passive resistance, including the “noncompliance” of almost one-third of the

Table 3. Summary Data on the Number of Students Reported by School Authorities

School	Number of Files Reviewed	Number Reported under Sterilization Law	Percentage of Students Reported
Provincial Institution for the Deaf, Homberg	104	50	48.08
Provincial Institution for the Deaf, Schleswig	120	36	30
Pauline Home, Winnenden	76	41	53.95
Total research corpus	300	127	42.33

deaf people prosecuted under the sterilization law, and individual efforts toward active resistance must be recognized as admirable acts of courage.

Notes

1. See U. Bleidick, "Die Entwicklung," 827.
2. G. Lehmann, "Die staatliche Taubstummenanstalt zu Berlin-Neukölln," in *Taubstummenunterricht und Taubstummen-Fürsorge im Deutschen Reich*, ed. G. Lehmann (Düsseldorf, 1930), 32.
3. Cf. H. Biesold, "Hörschädigung-Geschichtliche Aspekte," in *Handbuch der Behindertenpädagogik* (Solms: Jarick Oberbiel, 1984).
4. Lehmann, *Taubstummenunterricht*, 35.
5. Ibid., 32.
6. Central State Archives, Potsdam, Rep. 76-VII, 3321, item 4.
7. Ibid.: "Provinzial-Schulkolleg i. d. Brandenburg . . .," FA 10159/32, of April 7, 1932, item 56 and overleaf.
8. Central State Archives, Potsdam, Rep. 76-VII, 3321, item 78 and overleaf.
9. This information comes from research in the Central State Archives, Potsdam, particularly Rep. 76-VII, Part 5\V, No. 6, vol. 17.
10. "Besprechung der N.S. Taubstummenlehrer," in *XV. Tagung des Bundes Deutscher Taubstummenlehrer* (Halle [Saale] 1933), 9. Damaschun wanted to advance the candidacy of Lehmann as executive officer of the Union of German Teachers of the Deaf, so that as a professional he might stand above things. But Damaschun was also concerned "that our Führer must be a Führer in the National Socialist sense."
11. Biesold Archive 484, 849, 891, 1645, 1651.
12. Biesold Archive 1651/2.
13. This information has been taken from the preserved minutes book of the School for the Deaf on Humboldtstrasse in Bremen. The secretary, Warlich, reported to a meeting of school staff on November 29, 1934, of National Socialist Training Camp I in Birkenweder, October 14–20, 1934, for teachers at special schools. Lehmann, among others, spoke on these topics at the camp, which was organized for officials of the National Socialist Teachers Confederation.
14. Biesold Archive 1651/7.
15. Biesold Archive 1043/1.
16. P. Bartsch, "Birkenwerder Nachharke," *Die Deutsche Sonderschule* (1935), 262.
17. Central State Archives, Potsdam, Rep 76-VII, item 370; the letter has Ref. No. 1043.

18. Central State Archives, Potsdam, Rep 76-VII, item 372 and overleaf; the communication carries number 2498 and is dated February 7, 1938.
19. Central State Archives, Potsdam, Rep 76-VII, 3321, items 233 and overleaf, 234, 237.
20. Central State Archives, Potsdam, Rep 76-VII, 3321, items 309 and overleaf, 310, 325.
21. Central State Archives, Potsdam, Rep 76-VII, item 262 and overleaf: "Annotation E VI" by Dr. Schaefer of the Prussian Ministry for Science.
22. The following is a transcription of Wegge's handwritten notes on the register:

Examined for hereditary health—Determination in the light of the sterilization law
 Register of the Provincial Institution for the Deaf in Soest
 Registers for previous years list the criteria for decisions [signed] Wegge.

A-Z = Document code according to standards of the Provincial Administration last column: 1) . . . 2) . . .

23. The relevant text of his deposition is this:

Deposition: Frau NN, born in xx, earlier residing in Königsberg, East Prussia, xx, was forcibly sterilized during the Hitler period through the offices of Senior Teacher of the Deaf, Bewer, also resident in Königsberg. Bewer is known to have been a fanatic Nazi. My home is also in Königsberg, Unterlaak 28, and I have known the applicant since our time at school here.

(Stamp) 16.11.57

Signed Alexander Hundertmark

24. This information is drawn from various compensation documents, including "Regierungspräsidium Nordbaden, Az. I/4a-36460," and from hereditary health court judgments on prosecuted deaf persons.
25. This question is derived from conventional German Sign Language, and refers to the person who made the notification under paragraphs 3 and 4 of the sterilization law, and thus initiated the "selection" process.

26. Letter from E. Singer, January 1, 1951

Baden Association for the Deaf
 Provincial Welfare Union for the Deaf and Hearing-Impaired, Heidelberg

Heidelberg, January 1, 1951
 Herr NN, resident in XX,

In response to your request, we can confirm from our own knowledge of the exact circumstances that in 1936 (March 19) you were a victim of the Law for the Prevention of

- Offspring with Hereditary Diseases. The sterilization operation was performed at that time in the surgical clinic in Heidelberg. Chairman of the Association,
 (signed) Edwin Singer
27. E. Singer, "Aufstieg," *Neue Blätter für Taubstummenbildung* 1 (1946), 2.
 28. Ibid., 4.
 29. A. Richter, "Die Landestaubstummenanstalt zu Homberg," in Lehmann, *Taubstummenunterricht*, 80ff.
 30. *Statistisches Jahrbuch*, 1931, 22ff.
 31. In 1937 the school was moved to Frankfurt am Main, when a police academy was established in the school building.
 32. Research work in the school archives of the Provincial Institution for the Deaf of Homberg was substantially supported and facilitated by the school administration and teaching staff.
 33. Cf. H. Maesse, "Betrachtungen zum Gesetz zur Verhütung erbkranken Nachwuchses," *Die Deutsche Sonder Schule* (1935), 161.
 34. Biesold Archive S. 160.
 35. Biesold Archive HR/39/34.
 36. Biesold Archive HR/39/35. Name omitted for reasons of confidentiality.
 37. Cf. *Statistisches Jahrbuch*, 2.
 38. Heidbrede was demonstrably a participant in Nazi Training Camp I in Birkenweder, in October 1934, which was organized for officials of the National Socialist German Teachers Confederation; cf. *Die Deutsche Sonder Schule*, 272.
 39. Cf. Maesse, "Betrachtungen," 161.
 40. Biesold Archive SL/20, 1 and 2.
 41. See Maesse, "Betrachtungen," 161. Biesold Archive SL/19/1ff.
 42. Biesold Archive SL/12.
 43. Biesold Archive SL/16/1.
 44. Biesold Archive SL/16/2.
 45. Biesold Archive SL/17/1
 46. Biesold Archive SL/17/2.
 47. Biesold Archive SL 11/181.
 48. Biesold Archive 971/2.
 49. Biesold Archive 117/2.
 50. Biesold Archive 612/3. *Statistisches Jahrbuch*, 59, lists Franz Schmid as director of the St. Josef Private Institution in Schwäbisch Gmünd. The listing of the male teaching staff names Georg Schmid as a senior teacher of the deaf. All other teachers were nuns. Two more nuns taught crafts and worked in the kindergarten.
 51. Cf. "Statistische Nachrichten," 55.
 52. *Reich Law Gazette* (1933): Part 1, 1022

53. Biesold Archive 1235/2.
54. Cf. Nowack, *Euthanasie*, 106.
55. Ibid., 110.
56. *Statistisches Jahrbuch*, 96.
57. Biesold Archive WI 83/1.
58. Biesold Archive WI 83/24
59. Biesold Archive WI 83/52.
60. Ibid.
61. Biesold Archive WI 83/52
62. Biesold Archive WI 83/55.
63. Biesold Archive WI 83/15, p. 1.
64. Ibid.
65. Biesold Archive WI 83/13, p. 4.
66. Ibid.
67. Handwritten comment, Biesold Archive WI 83/13, p. 1.
68. Biesold Archive 1162/1.
69. Biesold Archive 1162/2.
70. Biesold Archive 1162/5, p. 1.
71. Biesold Archive 1162/1, p. 1.
72. Biesold Archive WI 83/3, p. 1, entries 13 and 19.
73. Biesold Archive WI 83/25.
74. Biesold Archive WI 83/50.
75. Biesold Archive WI 83/58.
76. The brackets and X are entered by hand. In the margin is the handwritten comment, in Müller's handwriting: "Not applicable, since she was admitted to the institution for training, not for custody."
77. Biesold Archive WI 83/14.
78. Biesold Archive WI 83/58.
79. P. Bartsch, "Birkenwerder Nachharke," 262; A. Winnewisser, "Ist angeborene Taubheit immer Erbtaubheit?" *Die Deutsche Sonder Schule* (1938): 426; Eisermann, director of the School for the Deaf in Tilsit and Hitler Youth Führer of Reich Banner G, cited from E. Weng, "Weihe eines neuen HJ-Heimes des Reichsbannes Gehörgeschädigte (G) in Tilsit," *Die Deutsche Sonder Schule* 11 (1938).

Part III

The Jewish Deaf Experience

Introduction

Donna F. Ryan

Nazi racial hygiene policies were carried to their deadliest conclusion within the borders of the Third Reich where the Aryan master race was supposed to be purified and propagated. In the case of Jews, the Nazi worldview called for their removal from all of Europe, whether by expulsion or extermination. Similarly, Roma and Sinti, often called Gypsies, were targeted for elimination as a racially inferior people, although the Nazis were never as successful in their application of racial policies to them as they were to the Jews. Other groups within Germany who were to be eliminated or at least reduced dramatically included those with cognitive and physical disabilities, homosexuals, habitual criminals, and others in the vague category of "asocials." We will probably never know if programs of elimination based on eugenics theories might have been applied in occupied territories not incorporated into the Greater Reich. Only country-by-country studies of European countries conquered by Hitler's armies will tell us how deaf people were treated as a result of occupation and local responses to those with disabilities during very trying times.

We also know only a little about the fate of deaf Jews at this point. In Germany, where the deportation and removal of Jews began early, it was miraculous for a deaf Jew to survive, except in cases of emigration or successful concealment of Jewishness. Few deaf German Jews would have survived lengthy slave labor conditions in the camps as the war dragged on. Indeed, many would not have survived the initial selection process in camps such as Auschwitz. Only limited information has been uncovered about deaf Jews in occupied France, Belgium, and Holland, and not much is known of such survivors from Poland and other devastated areas of Eastern

Europe. As archives have opened in eastern Europe and researchers interested in deaf people have begun to investigate the events that took place in occupied western European countries, we can look forward to a more sophisticated discussion about deaf Jews in Europe during World War II.

Since 1997, John Schuchman and Donna Ryan have interviewed more than a dozen deaf survivors of the Holocaust in Hungary. After initial interviews in Budapest, with the help of the American Jewish Joint Distribution Committee, we were able to bring some of the survivors to tell their stories at the 1998 conference, "Deaf People in Hitler's Europe." What follows are their stories, first told in narrative form in John Schuchman's essay, and then told in their own words in transcription of part of their testimony.

As the son of deaf parents, Schuchman has developed a special rapport with the survivors and has applied his intimate knowledge of Deaf culture to extrapolate the story of a vibrant deaf Jewish community. He portrays that community as well defined by association with the Mexico Street Jewish deaf school and held together by their wartime experiences. Because the German occupation and deportations from Hungary occurred at such a late date, and their incarceration and forced labor were of relatively short duration, many of them survived. Those who survived often were helped by other camp inmates, sometimes relatives, who convinced the authorities they could work, and who could communicate with them and keep them aware of what was going on around them. Some survived through contact with Righteous Gentiles who helped them hide or obtain false papers. All the survivors appear to have been young, strong, and able to work in the camps or fend for themselves in hiding. Like all survivors of the Holocaust, they sometimes were just lucky. They were persecuted because they were Jews, but their experiences were also shaped by their deafness.

The narrative description of their experiences is designed to impose some order and interpretation on the stories the survivors tell. But no narrative can be as poignant and moving as their own words, and for that reason we close this anthology with excerpts from their testimony given in Washington, D.C., in June 1998.

Hungarian Deaf Jews and the Holocaust

John S. Schuchman

Being deaf and Jewish is not easy. The experience of many deaf Jews is one of marginalization. Within Judaism, deaf persons historically have been considered incomplete Jews, classified legally with children and mentally disabled individuals.¹ Within the national deaf communities, deaf Jews have faced the same anti-Semitic attitudes prevalent in the hearing community at large. Consequently, many deaf Jews are ambivalent about their identities: deaf, Jewish, or a mixture of the two.

Holocaust scholars have not paid much attention to the general experience of deaf persons or deaf Jews in particular. To be sure, the deaf population is small and the deaf Jewish population even smaller. Nevertheless, deaf people were a part of the Holocaust and recording their experiences is important. A scholar who studied the music of European Jewish communities has pointed out that “there are libraries filled with literature on the Holocaust telling us how these people died but there is precious little about how they lived . . . the neglect to interview these people about their lives contributed to their sufferings. We failed to assure them that they were the creators of a unique culture and not just a victimized mass.”² Similarly, we need to examine the experience of deaf persons to illustrate broader themes in the Holocaust and its intersection with the deaf world.

Holocaust scholar Henry Friedlander has shown that the Final Solution began when the Nazis, armed with the rhetoric of racial hygiene, eugenics, and euthanasia, assaulted disabled people in Germany. With the press of military activity after 1939, the Nazis did not have an opportunity fully to apply these practices against disabled people in other parts of Europe.³ Deaf people suffered the

privations of war as did the general population of war-torn Europe. Two groups of deaf people, however, were unique. Ironically, one of them was deaf Germans who suffered the brunt of Nazi eugenic practices. Nazi policies required deaf Germans to register with health courts, which determined who had to undergo sterilization or abortion. It has been estimated that 16,000 deaf Germans underwent sterilization or abortion procedures by war's end.⁴

The second group of deaf persons who had a unique experience were Jews. The focus of this chapter will be on the experience of Hungarian deaf Jews. Hungarian Jews were among the last Jews to be transported to the extermination camps, due to the lateness of the Nazi's occupation of Hungary. Therefore, a substantial number of Hungarians survived. As we have stated earlier, Donna Ryan and I interviewed a dozen Hungarian deaf Jews in the summer of 1997. Subsequently, in the summer of 1999, I interviewed another survivor living in the United States, Harry Dunai.

Scholars of deafness and deaf people throughout the world generally agree that residential schools for deaf students occupy a special place in the deaf community. It is often the place where deaf children meet other deaf persons for the first time and where they first learn to communicate effectively outside their families, either orally or in sign language. Through alumni organizations or networks, it is also the place where deaf children first encounter deaf adults and thus gain access to deaf clubs and the larger adult deaf community.

Though Judaism generally marginalized deaf Jews, some reform elements within the Jewish community believed that deaf children should receive a religious education.⁵ By the beginning of the twentieth century, Jewish residential schools for deaf children had been established in London, Berlin, Vienna, and Budapest. These were vibrant schools that achieved respect for their curricula, staff, and graduates.⁶ None exist today.

The first Hungarian school for deaf children opened in 1802 in the town of Vacz, north of Budapest. As a part of the Hapsburg Empire, the school used German, Magyar, and sign language. As the Hapsburg influence waned, education reformers and nationalists

expanded and transformed Hungarian schools for deaf children. The schools adopted an oral curriculum modeled after the German system, which emphasized speechreading and voice in Magyar.⁷ Besides the oral curriculum, the Jewish school added religious education and the study of the Hebrew language.

By 1906, there were sixteen boarding schools for deaf pupils throughout Hungary, including the Jewish school in Budapest. Philanthropists' funds created the Jewish school for deaf children in 1877 and the school for blind children in 1908. When inflation and devaluation during and after World War I decimated the schools' monetary foundation, the Pest Jewish Council merged the two schools at the Mexico Street location.⁸ Formally, the school was known as the Jewish Deaf-Mute National Institute and the Sir Ignaz Wechselman and Zsofia Neushloss Education Institute for the Blind. Within the deaf community, this school became known simply as the Mexico Street School.

In this chapter, the experiences of six former students will be examined to illustrate the intersection of the Holocaust with the deaf world. Three of the students were children enrolled at the school at the time of the German military occupation of Hungary in the spring of 1944, and three were twenty-one-year-old graduates living in the city of Budapest.

Hungary occupies an interesting place within Holocaust scholarship. Some scholars have called the Hungarian experience a "whirlwind of destruction, resembling a genocide within the genocide."⁹ For much of the war, Jews viewed Hungary as a safe place. At the end of World War I, newly created Hungary, as an ally of defeated Germany, lost two-thirds of its territory and three-fifths of its population. Afterwards, tempted by the expansion and success of Nazi Germany, Hungary joined the Axis powers in World War II. Although Hungary regained some of its former territory, the government resisted the demands of its own radical right fascist movement, the Arrow Cross, and Nazi Germany to hand over Jews for deportation. Hungary had a long tradition of political alliance between the aristocracy and middle-class assimilated Jews. Despite anti-Semitic legislation that dated from 1920, Hungarian Jews viewed themselves

as comparatively safe from the onslaught that they saw all about them in other parts of Europe. However at war's end, as the Allied and Soviet armies advanced militarily, the government of Regent Admiral Miklos Horthy explored possible opportunities for withdrawal from the war. Alarmed that a Hungarian withdrawal would further expose Germany to its enemies, Hitler ordered his army to occupy Hungary in the spring of 1944. Between the spring of 1944 and winter of 1945 when the Soviet Army liberated Budapest, the Germans, with the help of the Hungarian establishment (Interior Ministry and the Hungarian gendarmerie), sent nearly a half-million Jews to concentration camps. The pro-Nazi fascist Hungarian government subjected Jews who remained in Budapest to harsh conditions in the ghetto and brutal work as forced laborers. Pillage and murder were common. Eventually surrounded by Soviet troops, Budapest became a bombed-out shell of its former self.¹⁰

The Hungarian Deaf Jewish Experience

In his annual report for the 1943–1944 school year, Jewish Deaf School Director Dezso Kanizsai listed fifty-seven student boarders, mostly deaf (forty-five) and a few blind students (twelve). Among the deaf students were Peter Farago, Izráel Deutsch, and Bella Pollak, all of whom survived the war.¹¹

The experience of the three deaf elementary school children and their respective families is typical of the experience of the Hungarian Jewish population. The Germans and Hungarians transported Farago and his mother to the Bergen-Belsen camp in Germany; Deutsch's parents and all of his brothers and sisters to Auschwitz; and Pollak's mother, sister, and aunt to Auschwitz. Deutsch's mother, father, and eldest and youngest brothers died in Auschwitz, and Pollak's father died as a conscriptee in a forced labor battalion. While Farago was incarcerated in Bergen-Belsen, Deutsch and Pollak remained in Budapest with other Jewish children, where they moved frequently—from the Mexico Street School, to an orphanage, back to the school, and then to cellars located in the central ghetto. The children endured starvation rations, Allied and Soviet bombing, and Arrow Cross street violence.



Class at the Mexico Street School with Director Dezso Kanizsai in Budapest. Courtesy of Miklos Klein, Budapest.

All three of the children were born into an era of increased anti-Semitism. In the decade prior to their birth, the Hungarian Parliament enacted a Numerus Clausus Act, which restricted the number of Jews in institutions of higher education to no more than 6 percent of the student body. In 1932, the Hungarian Prime Minister Gyula Gömbös depicted Jews as unpatriotic and prone to Bolshevik tendencies. In the mid-1930s, the Arrow Cross, under the leadership of Ferenc Szálasi, increasingly gained political influence, power, and eventually parliamentary seats. The fascists advocated the need to solve the "Jewish question" and to end the inherited privileges of the conservative aristocrats who dominated Hungarian society and government. Hungary joined the Axis in November 1940, joined the invasion of Yugoslavia in 1941, and entered the war against the Soviet Union in June 1941. Increasingly, the government sought to appease

the demands of the German government and the Arrow Cross agenda with anti-Semitic legislation. By 1942, the government limited the number of Jews in business or the professions to 6 percent, counted Jews who had converted to Christianity as racial Jews, expropriated Jewish lands and forests, excluded Jews from the military, and conscripted Jewish men into forced labor units.¹²

However, the war did not go well for the Axis powers. The German and Hungarian armies suffered terrible losses on the Russian front. The Allies advanced in North Africa, Sicily, and prepared to assault France. One of the Axis partners, Italy, withdrew from the war. The Horthy regime also explored opportunities to extricate Hungary from the fighting. Unfortunately, Hitler would not tolerate such a strategic loss and ordered the German Army to occupy Hungary on March 19, 1944.

Hitler had given primary administrative responsibility for the Final Solution to the SS under the direction of Heinrich Himmler. As the chief administrator for Jewish Affairs (subsection IV B-4 of the Reich Central Security Office), Adolf Eichmann had specific responsibility for the deportation and transportation of European Jews to the killing camps in the East. With the occupation of Hungary, Eichmann arrived immediately to oversee the disposition of the Jewish population. Armed with years of experience deporting Jews to the extermination camps, the SS colonel moved with alacrity. On March 20, the day after occupation, Eichmann's deputy called a meeting of the city's Jewish institutional directors.¹³ The Director of the Jewish Deaf and Blind School, Dezso Kanizsai, attended the meeting at the Jewish Boys' Orphanage. The German deputy, SS Lieutenant Colonel Hermann Krumey, informed the group that all Jewish institutions for children had to close and turn their buildings over to the German military. All of the children were transferred to the Jewish Orphanage for Boys.¹⁴

Otto Roboz, director of the orphanage, reported that "Dezso Kanizsai, an excellent special educator, called on me on March 24 to warn me that the very sensitive blind children would not be able to fit in with the rest of the children and so he preferred to return them to their parents' care. Unfortunately, no one imagined that the fate

of the children sent from Budapest to the countryside would be sealed sooner."¹⁵ At the end of March 1944, the Jewish school for deaf children ceased operation.¹⁶

Many Jews believed that the war would soon be over and that the Horthy government would continue to protect them.¹⁷ However, after German occupation, German sympathizers, especially the Arrow Cross party, became the real rulers of Hungary. Adolf Eichmann personally took charge of the deportation effort; the pro-German government enacted additional anti-Jewish legislation, required Jews to wear the yellow star, concentrated Jews in designated places, and participated in the transportation of Jews out of the country. Hungarian authorities transported the Jews out of Hungary where, once they crossed the border, German authorities took custody. By mid-summer, they had sent most of the Jews in Hungary outside Budapest to Nazi concentration camps.¹⁸ When School Director Kanizsai, like other Hungarians, became aware of the deportations from the countryside, he tried to keep the deaf students together. To a remarkable extent, Kanizsai succeeded. Despite horrible conditions, Kanizsai would keep most of the children safe until war's end.

Bella Pollak was one of the survivors. Born in Romania in 1931, the young girl became deaf when she was four years old. Her father, mother, and younger sister could hear. When her father died in the labor force in 1942, the family moved to Budapest to live with an aunt and to allow Bella to attend the school for deaf children.¹⁹ Though the pro-German government soon deported her mother and sister to Auschwitz, Bella remained at the school, but not for long. In accord with the German order to vacate the building, the deaf children moved from the Mexico Street School to the Jewish Orphanage for Boys on Queen Wilma Street, where they joined other Jewish children. Kanizsai and his wife went with the children.²⁰

However, some parents insisted that the school return their children home. Bella's younger classmate Peter Farago remembers that his mother threatened suicide if he did not return home. He returned home to his mother, who was a teacher, and they both wore the required yellow star. Authorities ordered them to vacate their apartment and move to the Oroszváza ghetto, where they awaited

deportation. Due to Allied bombing of the railroads leading to Auschwitz, the Nazis diverted their train to the Bergen-Belsen camp in Germany, where they arrived in early December 1944. Upon arrival, the camp guards separated the young boy from his mother. Although only ten years old, Peter was big for his age, which possibly contributed to his survival. Because of the mixture of spoken national languages and his own hearing loss, Farago did not understand most of the events around him. Feeling confused and hungry, he began to cry, simultaneously rubbing his stomach and pointing to his mouth.

In an amazing stroke of good fortune, a hearing child of deaf parents approached Farago and cautioned him to be quiet and stop the gestures.²¹ Although they used furtive gestures with each other, Farago only understood that his new friend's name was Pavel, that he was fourteen years old, was from Poland, had deaf parents, and knew Polish sign language.²² Together, the young boys worked cleaning munitions casings. They slept in a mixed-nationality barracks with boys and girls from the ages of five to fifteen. The older children slept in the upper bunks. Pavel and Peter talked in sign/gesture at night, but he did not fully understand why Pavel did not want him to sign openly.

In later years, Farago recalled that he ignored the awful things happening around him and focused on finding his mother, whom he believed to be in another part of the camp. In April 1945, Allied troops liberated the camp. Farago said goodbye to "my angel" Pavel, whose family name he never learned. In the company of other Hungarians, he began walking home to Hungary. Experiencing a second stroke of good fortune, Farago found his mother at the Hungarian town of Györ near the Austrian border. Realizing that her son had survived, she fainted when she saw him. Continuing on to Oroshaza, the two discovered that looters had stripped their home of its contents. They then moved to Budapest where Farago's mother began to work for the Jewish American Joint Distribution Committee and Farago resumed his education at the Mexico Street School.²³

Unlike Farago, classmate Izráel Deutsch remained in Budapest throughout the war. Born in 1934 in the farming village of Komjata

(at that time a part of Czechoslovakia, which Germany returned to Hungary in 1939), Deutsch came from a prosperous Orthodox Jewish family that owned its home, a working farm, and a general retail business. The only deaf child in a family of ten siblings, his parents opted to send him to the Mexico Street School in Budapest. There was a government school for deaf children much closer to Komjata, but the family believed that the school was anti-Semitic and knew that the school food was not kosher. Instead, Izráel went to Budapest in 1940 where he entered kindergarten with Peter Farago. During the school year, he learned to pronounce the Magyar (Hungarian) alphabet and a few words.²⁴ This curriculum was typical for schools for deaf children in Hungary.

Completing his first-year introduction to oral education, Deutsch returned home to Komjata. Previously, he and his family had used gestures and “home sign” to communicate among themselves.²⁵ Greeting his father orally in Magyar with “How are you, father?” his progress pleased the family. The child’s greeting was symbolic of his educational achievement and promised future improvement for communication in and out of the family setting.

However, broader changes in society ultimately harmed the family. Anti-Semitic legislation devastated the family’s fortunes. In 1941, the Horthy government confiscated the Deutsch family farm and business. Left with only their house and a few cows, they managed to survive through a system of barter for necessities. Despite limited funds, the family managed to send Izráel back to Budapest to continue his studies.

Deutsch became an excellent student. Like Farago and Pollak, he received the top grade of “1” in all of his subjects.²⁶ The students attended class from Sunday through Friday. Although the school did not have its own chapel, the children attended temple services on Saturdays at an orphanage for hearing Jewish girls. The deaf students did not begin the study of Hebrew until the fourth grade.

When the Germans occupied Hungary in March 1944, Deutsch was ten years of age. In later years, he remembered himself as big for his age like his friend Peter Farago, healthy, and “politically aware.” On April 5, when the Horthy government ordered all Jews

to wear a yellow star, the female students sewed them for their classmates and staff. The next month, the police closed the school in accord with the order by Eichmann's deputy, Hermann Krumey. Many parents, like Peter Farago's mother, came to take their children home because they believed they would be safer. Deutsch's parents did not come. Although the young boy was unaware of it, the government already had deported his family to Auschwitz. In compliance with the Nazi directive, the school transferred the remaining fifteen children, who included Deutsch and Bella Pollak, to the Jewish Orphanage for Boys; although Director Kanizsai accompanied the deaf children, the orphanage mixed the deaf students in with hearing Jewish children. In contrast to Director Kanizsai's earlier concern that blind students would not function well in the orphanage, Deutsch felt that the deaf students got along well with the hearing orphans. During that springtime, the Allied air forces began to bomb the city. The children practiced evacuation drills and hid in basement shelters. Eventually, the orphanage suffered a bomb attack and the building collapsed. Deutsch became separated from the other deaf children and sought refuge. Budapest Jewish families took individual orphans into their homes and within a very short time, the young deaf boy found assistance.

Deutsch went to live with a family with a hard of hearing grandfather—Deutsch remained there until one of his teachers, Charlotte Balkanyi, found him. She took the young boy to her home in Buda.²⁷ He remembered her as his favorite teacher and a woman who always "wore a mink coat." The Balkanyi family was an example of the successful Jewish middle class that had allied itself with the Hungarian aristocracy and government.²⁸ Active in banking, law, and industry, the Balkanyi family protected the young deaf boy. However, it was dangerous for even this privileged family to provide aid to other Jews. Family members arranged for Deutsch to be placed with an International Swedish Red Cross camp. His teacher returned him to Pest where, to his surprise, he discovered that the Red Cross camp was actually on the grounds of the Mexico Street School.

Several forces had combined to locate the camp at the site of the Jewish deaf school. Most importantly, the school was near a train

station, which made it a convenient location for transportation to the camps or other locations outside of Hungary. Additionally, both Zionist organizations and the international community became active in various efforts to alleviate the situation for Hungarian Jews.

In January 1943, a Jewish relief and rescue committee (Vaada) for Budapest was organized. Its leaders, Otto Komoly, Rezso Kasztner, and Joel Brand, had contacts with foreign Jews and the Germans. The Zionists and Nazi officials negotiated a controversial deal to exchange Jews for supplies. Eventually, they transported 1,684 Jews to Bergen-Belsen and then on to Switzerland.²⁹ Before their transport, these Jews were kept at a specially created camp on the grounds of the school for deaf children. Until Eichmann left Hungary, SS guards protected these Jews from Arrow Cross abuses. "Because of its reputation as a haven, many Jews sought refuge there . . . at one time, it harbored 3,600 Jews, including several hundred deserters from the labor service companies."³⁰

The international community also became active. In January 1944, American President Franklin Roosevelt created a War Refugee Board (WRB), which urged neutral countries, the Vatican, and the International Red Cross (IRC) to help the Jews until the arrival of Soviet troops. Sweden offered supplies and children's homes as well as refuge for Jews with papers to emigrate to Sweden or Palestine. The Swedes sent Raoul Wallenberg to foster rescue efforts. The United States asked that the IRC, funded by the WRB, be given responsibility for Jews in the ghetto. By late summer, the Horthy government agreed that the IRC would be responsible for the Jews. The Zionist leader Otto Komoly received an IRC appointment as head of Section A, which was responsible for children. They created nearly forty children's homes that provided protection to approximately 5,000 children and 2,000 adults.³¹

After the Allied bombing of Budapest in April, the government developed a plan for a ghetto similar to Warsaw. Meanwhile, on May 3, a decree ordered the vacating of Jewish apartments for the benefit of Christian victims of bombing. The decree required all Jews to move into buildings identified with a sign painted with a yellow star. Jews moved from approximately 10,000 buildings to 2,600 "yellow star"

buildings throughout the city. By the end of November and early December, the ghetto was ready. The required yellow star badges and house signs made Jews easy targets for fascists to rob and kill. It is ironic that many Jews viewed the grounds of the Mexico Street Deaf School as a safe haven. The majority of people at the camp could hear, but deaf adult Jews from various parts of the city had sought refuge there. The school represented a familiar and safe place.

When Deutsch returned to the Mexico Street IRC camp from the Balkanyi home in Pest, the young deaf boy rejoiced to see his classmates. The camp extended from the school building onto the grounds. Surrounded by a fence that displayed an IRC sign, the camp had sections for adults and children. Kanizsai served as director of the children's section.

In the camp, children received food rations and inoculations for tetanus and typhoid. The young student Izráel Deutsch knew the school and its environs well. Because of his familiarity with the neighborhood and despite his age, Deutsch became a successful entrepreneur. Observing that vendors sometimes sold bakery goods in the camp, he realized that this was an opportunity to make money. He regularly removed his yellow star so that he could visit stores outside the camp forbidden to Jews. He bought food, sundries, and newspapers, which he resold in the camp for a modest profit.³² This comparatively calm period did not last.

In mid-October 1944, the Germans staged a coup and installed the Arrow Cross leader Ferenc Szálasi as the Hungarian Prime Minister. Szálasi ordered all Jewish men from ages sixteen to sixty and all Jewish women from ages sixteen to forty to serve in forced labor units for the fortification of the city. Arrow Cross militia and armed hooligans roamed the city.³³ Responding to a rumor that the Mexico Street IRC camp sheltered a large number of runaway labor servicemen, Arrow Cross militia came to the camp and tore down the Red Cross sign. They sent both disabled and elderly persons into the Mexico Street school building. Deaf people congregated on the second floor of the school. While there, fighting broke out between partisans on the roof of the school and the Arrow Cross.³⁴ Eventually the Arrow Cross confronted the deaf people and ordered them to

surrender. They hit Deutsch, kicked and escorted him outside to the tram line on the street. There, the young boy saw another deaf student, Leo Wachlenberg, shot to death with six bullets and many wounded and bloody people.³⁵ In accord with the fascist order to put Jewish men and women to work on the city's fortifications, the armed militia separated the adults from the children below the age of sixteen. They put both the hearing and deaf children in the cellar. The next day, militiamen ordered the children to clean up the building by a specific time or be shot. Afterwards, the Arrow Cross escorted the children to Klauzal Square, which became a part of the ghetto. Allowed to go with the children, Kanizsai advised the children to stay together. Moved into an empty apartment building, the children worked at a variety of janitorial and cleaning jobs. There were several deaf children included in this group. Bella Pollak was one of them. She recalled this as the time "we lived in cellars." Although he recalled the need to fight with a hearing youngster over a blanket, Deutsch felt that the hearing and deaf children got along well. Existing on a breakfast of ersatz coffee and garbage refuse, he lost weight but did not become ill as did many others. He also washed himself periodically in order to reduce infestations of lice. Arrow Cross gangs and their dogs roamed the streets of the ghetto. As the Russian Army closed in, the fascists placed bombs throughout the ghetto and destroyed many buildings. The terrified deaf children could feel the vibrations of bombs and see the exchange of firepower in the evening sky. On the morning of January 18, Soviet soldiers woke Deutsch up with their flashlights. He recognized the Red Star on their hats.³⁶

After the successful liberation of the city by Soviet troops, Dezso Kanizsai gathered the children and returned to the Mexico Street School. When they arrived, the building structure was intact but supplies of food and drink were gone. Izr  el Deutsch recalled that he went into a deep sleep in a bed infested with lice and bedbugs. Kanizsai went to the child's bed daily for several weeks and forced him awake to build up his strength. The Russians provided no help. Worse, drunken Russian soldiers made the streets unsafe. Eventually, in the summer of 1945, the children received food and supplies



Leo Wachlenberg, unable to hear an order to stop, was shot during an Arrow Cross raid at the Mexico Street School, 1944. Courtesy of Bella Liptay, Budapest.

from the American Jewish Joint Distribution Committee.³⁷ Kanizsai gave Deutsch and some of the other boys the responsibility for bringing food and supplies from the Joint distribution center to the school. The school re-opened in the fall of 1946 with three teachers and approximately thirty students. Izráel Deutsch became a student once again and assisted Kanizsai with responsibilities for general school custodial and maintenance work.

Deutsch later visited a survivor information center and found the names of his brother and sister on a survivors' list. They eventually visited the school and told him about the other siblings who had moved to Israel, Italy, Sweden, and the United States. They did not mention their parents. The Farago family—Peter, his mother, and grandmother—moved to Budapest, and Peter returned to the school

in 1946. His mother obtained a job at the Joint where she learned that Deutsch's father, mother, and younger brother had died at Auschwitz. Deutsch learned this from his deaf friend and classmate.³⁸ Only when he visited Auschwitz in the summer of 2000 did Deutsch learn that his eldest brother, a university student in Bratislava, also died at the camp.

When the school re-opened in 1946, Farago and Deutsch were twelve years old. Pollak was fifteen years of age. About a quarter of their previous classmates had been deported and died.³⁹ Deutsch was an orphan. Farago commuted to the school from his mother's Budapest apartment. Pollak's mother and sister returned from Auschwitz to live with cousins in Budapest; however, there was insufficient room for Bella, who continued to board at the school.

In 1947, there was discussion that the school's orphans be sent to Palestine. Both Deutsch and Pollak wanted to go. Initially, Director Kanizsai agreed with the plan. The Zionist organization and the Joint agreed to assist with the move; however, the director later changed his mind. Without the director's authorization, the orphans remained in Hungary. In later years, Deutsch recalled that his favorite teacher, Charlotte Balkanyi, disagreed with the director's decision and resigned from the school. She later moved to England.⁴⁰

That same year, both Farago and Deutsch turned thirteen. In previous years, students had studied Hebrew and some were bar mitzvahed.⁴¹ However, neither Farago nor Deutsch experienced this traditional religious rite. Farago reports that he does not understand Hebrew, but Deutsch's experience was different. Deutsch specifically recalled reciting prayers at Passover 1947, Chanukah 1947, Purim 1948, and Passover 1948, which impressed visitors who made donations to the school. Despite his recitals, Deutsch reported that he also did not understand Hebrew. The young boy experienced feelings of confusion and disillusionment about religion. Even though his father possessed a rabbinical education, prayers had not helped the family. Moreover, the Communists and the Soviet regime denigrated the existence of God. He refused to study for a bar mitzvah.⁴²

In 1947, Communists took control of the government.⁴³ Within a year, the government closed down the Joint and religious-based

education. In the Hungarian system of education, students normally began vocational studies at age fourteen.⁴⁴ Bella Pollak studied sewing and became a seamstress; Peter Farago studied optics and became a lensmaker; and Izrel Deutsch worked as a machinist apprentice.⁴⁵ The Mexico Street School had not offered an eighth-grade curriculum, so Deutsch attended the state-operated school for deaf children in Pest in 1949. Since he was an orphan and unable to return home for school vacations, he convinced the school principal to allow him to visit the local deaf club on weekends. This enabled Deutsch to interact with the deaf adult community, where he found a second home.

As a result of his contacts at the deaf club, Deutsch met another deaf man, Kalman Kentner, who was from a deaf family. The Kentner family was Catholic. The father, Antal, and mother, Rozalia, had three children—two deaf sons and one hearing daughter, Vilma. During the war years, the father served as secretary of the Hungarian Deaf Association. The deaf community knew what was happening to deaf Jews: “Everyone knew . . . if they did not, they were stupid.”⁴⁶ However, this family acted on their awareness. They helped a Jewish deaf man’s family. He and his hearing son were taken, but the Kentner family hid the man’s Christian deaf wife and two hearing daughters. The Jewish deaf man died but when the hearing son returned after the war, he presented Vilma with a gift of silver in thanks for her family’s help.⁴⁷

As they had done during the war, the Kentner family provided assistance to the young deaf orphan Deutsch.⁴⁸ His deaf friend Kalman helped him find a job at the local gas works and Deutsch finally moved out of the Mexico Street dormitory to live with the Kenter family for three years, 1953–1956.⁴⁹

Although trained to work in the printing trade, Antal Kentner worked in a factory during the war.⁵⁰ Technically, any deaf person could have been assigned to a labor brigade. In 1939, national defense legislation stated that all Hungarian citizens over twenty-one years of age and permanently unsuitable for military service “could be compelled to engage in public labor service in special labor camps for a period not to exceed three months.”⁵¹ Originally, the system

provided men for military construction assignments, but as the anti-Jewish climate worsened, the “labor service” represented much of the worst that the Hungarian government was prepared to do against Hungarian Jews. The length of service became extended to two years for Jews. Authorities stamped labor service certificates with the letter “Z” for *Zsido* [Jew]. After 1942, Jewish workers wore yellow armbands and “racial” Jews (Christian converts or Christian children of a Jewish parent) wore white armbands, which made them targets for anti-Semitic thugs.⁵²

As the Hungarian government increasingly transported ever more Jews to the Germans for slave labor, the Hungarian labor service ironically became a safe haven for Jews. Despite abuse and murder, Hungarian labor service workers usually remained in Hungary, thus avoiding the mass deportation of Jews to the extermination camps throughout the summer of 1944. With pressure from the United States, Sweden, and the International Red Cross, Hungarian Regent Horthy wanted to keep the labor servicemen in Hungary.⁵³ But after the Arrow Cross coup in October 1944, the Hungarian fascists went to the “yellow star” buildings and ordered all men between the ages of sixteen and sixty to report for national defense service. When the Soviet offensive began on November 2, women from the ages of sixteen to fifty who could sew were also called to the labor service.⁵⁴ Deaf Jews served, too.

Peter Farago, Izráel Deutsch, and Bella Pollak were too young for the labor service. But former Mexico Street School students Miklos Klein, Judit Konig, and Klara Erdosi had been born in 1923. Each performed labor service. All three attended the Mexico Street School for eight years. Klein trained to be a dental technician; Konig a seamstress; and Erdosi a hairdresser.⁵⁵

After graduation from the Jewish deaf school, Klein became a dental apprentice. When his dental master, who also was Jewish, committed suicide as a result of the anti-Jewish laws, Klein became a manual laborer in the upholstery trade. Leaving the town of Satoraljaujhely near the Slovakian border, Klein lived in Budapest when the Nazi occupation began in mid-March 1944. From May, he served in the labor brigade in the small town of Jaszbereny to the

east of Budapest. Klein knew of fifteen deaf Jewish men in the labor service. At first, the deaf workers tried to stay together but eventually were interspersed among a brigade of more than 2,000 Jewish laborers. A 1944 photograph of ten of the deaf labor servicemen shows them wearing soft military-style caps, a mixture of military and civilian overcoats and scarves, and the required yellow armbands. On five different occasions, Klein escaped from the labor brigade only to be rearrested. When an escape opportunity arose, he simply removed his yellow star and armband and left.⁵⁶

He usually headed for Budapest, where he traveled between the ghetto and the Mexico Street School. At the school, deaf individuals tried to aid each other as best they could. In one case, a deaf woman named Edith Weisz was living in a ghetto cellar with her infant and hearing mother when a Christian deaf visitor told her that there were many deaf people at the Mexico Street School. Thinking this might be a better place for her and her deaf infant, Weisz went to the school, but she became frightened when she realized that there would not be enough food for her and her child. Like Miklos Klein, her deaf husband Miksa Weisz had been conscripted into the labor brigade. Klein, who was hiding at the school, volunteered to take her and the child back to the ghetto. They removed their yellow stars and traveled by tram. When they saw Arrow Cross members, they got off and walked back to the ghetto.⁵⁷

Throughout the war, Klein suffered abuse at the hands of Arrow Cross militiamen, but he pointed out that they were hearing individuals. There were also deaf members of the Arrow Cross, who dressed in green shirts (the traditional uniform of Arrow Cross members) and carried guns. Some he knew personally, but they never harassed him. Shortly after he accompanied Mrs. Weisz back to the ghetto, the Arrow Cross came to the school and took him to the train for deportation.⁵⁸

At the railroad station, Klein believed he was being transported to a death camp. The guards packed about eighty persons into the train car. Sixteen-year-old Sandor Weicher and Klein were the only deaf persons in the railroad car. Given salty rice to eat, they had no water. Three or four persons died in their railroad car before they



Jewish deaf members of the Labor Brigade, 1944: Fedor Láng, György Konig, Imre Meterny, Antal Löwy, Istrán Sinko, Pal Keleman, Samú Foldvári, Lajos Klein, György Csillay, and Miska Weisz. Courtesy of Judit Konig, Budapest.

arrived at the Bergen-Belsen camp in Germany.⁵⁹ Altogether, fourteen deaf Jews were sent to Bergen-Belsen from the Mexico Street School.⁶⁰ After searches and confiscation of their personal belongings, the deaf Hungarians donned camp uniforms and ended up in the same barracks, where they remained until April 1945. They communicated in sign language and stayed together “through good and bad times in the camp”.⁶¹

Unlike Auschwitz and others, Bergen-Belsen was not an extermination camp. But by late 1944 and early 1945, the arrival of thousands of new prisoners led to overcrowding and unsanitary conditions, which resulted in a typhus epidemic. When British military forces liberated the camp, they found nearly 60,000 seriously ill prisoners.⁶² All of the deaf prisoners had been selected for work. Most of them were twenty to thirty years of age. Klein was twenty-one. Weicher was one of two sixteen-year-old deaf prisoners. The two oldest deaf Jews died in the camp. The camp had a crematorium and

Weicher reported that guards sent Erno Galambos and him there but fortunately for them, the chamber no longer worked.⁶³ Sick and underweight, Klein recalled that he cried a lot but shortly before liberation, guards sent him to another camp to avoid nearby Allied troops. On the road, his deaf friend Lajos Klein died, and his body was abandoned there. Stopping at a German village, the group ran into American troops, who then liberated the prisoners. Allied troops sent Miklos Klein to a sanitarium with other Jewish deaf prisoners to recover their health.⁶⁴

The two women in Klein's class at the Jewish deaf institute were Klara Erdosi and Judit Konig. Like Klein's, Erdosi's family could all hear. After graduation and subsequent vocational training, she became a hairdresser, but the government conscripted her into a labor brigade in September 1944. She was the only deaf person in the labor unit and they released her after one month. Her parents obtained Swedish documents for the family but the authorities paid no attention to them. Her father and mother went to the ghetto and Erdosi and her hearing sister proceeded to the Ravensbrück camp in Germany.⁶⁵

Ravensbrück was the largest concentration camp for women. By 1944, nearly 70,000 prisoners engaged in forced labor at Ravensbrück and its subcamps.⁶⁶ No one in Klara's family used sign language, so she depended upon speechreading, but on the dark and crowded train, she could obtain no information and had no idea where the train was going. After eight days, the train arrived at the camp. The Hungarians were interspersed with Polish and Russian women, whom Erdosi could not understand. Beaten frequently by German guards and Polish *kapos*, the women turned over their personal possessions and clothes. Her head shaven, Erdosi donned a uniform, which had a cross on the back and a sewn number. She shared a bed of a three-tiered bunk with a doctor and her daughter. Erdosi's hearing sister lived in the same barracks, but in a different bunk.⁶⁷

Erdosi and her sister stayed at Ravensbrück for about two-and-a-half months until January 1945. There were other deaf Jewish women in the camp. Erdosi knew three: Magda Katz, Mrs. Armin Konig, and Mrs. Andor Revesz. With the subsequent arrival of German

"high" officers, her sister advised Erdosi to separate herself from the other deaf prisoners. The deaf prisoners disappeared, presumably to their death since they never returned after the war. Although the Germans knew that Erdosi was deaf, her sister convinced them that Klara could work. Along with about 4,000 other prisoners, Erdosi and her sister were sent to another camp near Leipzig, Germany.⁶⁸

At the Leipzig subcamp, the women prisoners worked at a munitions factory, but the camp officials would not permit Erdosi to work there when they discovered her deafness. Like some hearing persons unfamiliar with the abilities of deaf persons, the guards probably adhered to the general misperception that deaf people could not work.⁶⁹ Fearing that Erdosi might be killed if she did not work, her sister argued again on her behalf. The officials relented and allowed Erdosi to work but not at the munitions factory. She became the camp gravedigger. From time to time, other prisoners would be assigned to help; however, Erdosi was the only prisoner assigned to dig graves continuously. Over the next few months, she would dig fifty-seven graves. Bodies would be carried to the graves and then Erdosi would climb out. When not digging graves, the guards assigned her to camp janitorial duties. In an ironic turn of events, the guards learned that Erdosi had worked as a hairdresser before the war. As a result, she added weekly hair treatments for the female guards to her list of assigned tasks in exchange for extra food.⁷⁰

As the Allied troops approached, the Germans forced the prisoners to march; however, one by one, the German guards began to disappear until finally, the prisoners realized that they were free. With other prisoners, Erdosi and her sister made their way to the badly damaged railway station in Leipzig. Still dressed in her camp uniform, Erdosi entered a railway station cafe and begged for a beer, which she was given. Her sister and fellow prisoners admired her courage. The railway station also had a Red Cross Center, where they saw some Schwabian soldiers (units of ethnic German-Hungarian citizens). The soldiers told the Hungarian women not to be frightened because they too were on the way home. The women accompanied them. On the last part of the trip, they took a train and Erdosi knew she finally was on Hungarian soil when she saw a

Magyar sign that informed passengers that "It is forbidden to put your head out the train window." In Budapest, the Erdosi sisters found their parents still alive.⁷¹

Unlike her classmates Klein and Erdosi, Judit Konig did not go to a camp. She remained in Budapest throughout the war. Also unlike her classmates, Konig came from a deaf family. Her parents were deaf and her brother was hard of hearing. Her family's home was near the Doheny Street Synagogue, the area that became the ghetto. With German occupation, authorities conscripted Konig for three months (April to June) labor service as a seamstress, where she sewed German Army uniforms. Shortly after her return home, she and her brother were taken to jail on July 4; he remained for four days and she for two days. Konig suspected that this was because her brother was a communist supporter. Afterwards, authorities sent her to another labor brigade in Kobanya, a Budapest suburb. She was the only deaf person in a brigade of 150 people. She ran away and returned to the family apartment. The Germans arrested her brother again. A family friend, who was a policeman, reported that the Gestapo beat and killed Konig's brother. Konig remained with her father, who was a goldsmith.⁷²

With the fascist government in place in October, the Arrow Cross required all men from sixteen to sixty and all women from sixteen to fifty to report for labor service. Jews were taken to sports fields and organized into labor brigades.⁷³ Authorities took Konig on October 23 to the Kisok sports field. Once again, she managed to escape and returned to the family apartment. A week later, authorities transported her father to Hamburg, Germany, where the Konig family believed that he was thrown into the sea as a subject of survivor experiments. He died.⁷⁴

In early December, the family obtained documents from Raoul Wallenberg. Like other Budapest Jews, the Konig women believed that the Mexico Street School and grounds were safer than their apartment in the ghetto. Konig, her mother, and her grandmother went to Mexico Street; Judit and her mother joined other deaf people, but her grandmother went to a nearby nursing home. On December 14, the Arrow Cross militia barged into the house. Ignoring the Swedish

passports issued by Wallenberg, the Arrow Cross took away their foreign currency, beat them, and returned them to their apartment in the ghetto. Upon their return, they discovered that the apartment had been looted and Konig recalled that there were twenty-five corpses in one of the bedrooms. Among the bodies, Konig found her dead grandfather.⁷⁵

In January, the Soviet Army bombarded Budapest. The Arrow Cross horrors continued. On January 4, 1945, soldiers took hundreds of Jewish women to the Danube where the fast-flowing river would disperse the bodies after execution. Konig was one of the many women shot. Fortunately, she and a few others managed to survive. Bloody from three gunshot wounds, she ran through the neighborhoods and received help from a stranger who bandaged her wounds.



Judit Konig at the Danube River, scene of Arrow Cross executions.
Courtesy of Judit Konig, Budapest.

When she returned to the family apartment, a Jewish doctor who lived in the building took her to the ghetto hospital. They had no medicine except for iodine. With the arrival of Soviet troops a few weeks later in mid-January, she removed her yellow star and eventually received operations to remove the bullets. She asked to keep the bullets so that she could prove that both Germans and Hungarians participated in the atrocities at the Danube River. The important men in her life died: her brother, her grandfather, her father, and her fiancé. She immediately obtained employment as a seamstress in a Soviet factory, where she worked for the next twenty-eight years.⁷⁶

Conclusion

In the summer of 1998, the editors of this anthology invited former Mexico Street students Judit Konig, Klara Erdosi, Miklos Klein, Peter Farago, and their friend and interpreter Vilma Dostal to Washington, D.C. to attend a conference, "Deaf People and Hitler's Europe, 1933-1945," sponsored by Gallaudet University and the United States Holocaust Memorial Museum. In Washington, they met another school alumnus, Harry Dunai (né Iszrel Deutsch). A panel of these retired survivors shared their stories at the conference. These stories plus interviews with them and several other Jewish deaf survivors that we conducted in Budapest in the summer of 1997 and with Dunai in 1999 are the basis of this chapter. What do their stories tell us about the experience of deaf people and the Shoah?

Most importantly, their stories represent a record. Deaf people were victims of the Holocaust and their stories have not been widely shared. The war devastated Hungary, the Hungarian people, and the Hungarian deaf Jewish community. In a January 1947 letter addressed to the American deaf community, officers of the Deaf Sport Club of Budapest asked for donations of sports equipment. In the letter, they reported on the deaths of several Hungarian sportsmen who had been active in international deaf community athletic competitions before the war. "There are many others, all together about 150 Jewish deaf members."⁷⁷ Forty-five years later, a group of twenty, mostly elderly deaf Jews took advantage of the fall of communism

and created the Hungarian Organization of Jewish Deaf (HOJD) in 1992 at Budapest. In memory of the fiftieth anniversary of the Holocaust, the HOJD placed a commemorative plaque on the wall of the Mexico Street School in 1994. The building currently is a primary school and dormitory for disabled children.⁷⁸ Beyond these two separate events, little has been written about the experience of the Hungarian deaf Jews.

Although deafness complicated an already difficult set of wartime circumstances, the Nazis and the native Hungarian fascists persecuted these deaf survivors because they were Jewish, not deaf. Once enmeshed within the Holocaust experience, deafness caused additional problems. Arrow Cross militiamen shot Izsráel Deutsch's classmate when the deaf boy failed to hear and respond to a command to stop. Klara Erdosi and her sister feared for the young deaf woman's life when camp guards did not believe that a deaf person could perform adequate work in a slave-labor factory.

Deafness per se did not result in automatic harm. Even though in Germany itself, Nazi theories of racial hygiene resulted in mandatory registration in health courts and the possibility of sterilization or abortion, this does not seem to have been applied elsewhere in war-torn Europe. If the Axis powers had been victorious, one can speculate that eugenic practices might have expanded. Clearly in Hungary, the fascists included deaf Jews in labor service brigades. Miklos Klein, Klara Erdosi, Judit Konig, and other deaf persons all worked in these slave labor units. Although the deaf children at the Mexico Street School suffered, they were not treated badly because they were deaf. In fact, authorities allowed the school superintendent Kanizsai and his wife to remain with the children and supervise their care. Finally, several survivors recalled that there were deaf individuals who served as members of the Arrow Cross.

The survivors' experiences in the camps are not uniform. Moreover, none of these particular survivors were in a death camp like Auschwitz. Although many people died at Bergen-Belsen and Ravensbrück, these camps were not primarily extermination camps. Some people thought that it was unwise to be visibly deaf. Certainly, camp prisoners avoided unwanted attention from guards. Use of sign

language was one visible way to receive such attention. Pavel, the hearing child of deaf parents, advised Peter Farago not to gesture or use sign language at Bergen-Belsen. Klara Erdosi's hearing sister told her to separate herself from the other three deaf women in their camp. Klara did not see these women again in the camp, and they never returned after the war. Yet Miklos Klein reported that he was in Bergen-Belsen with a dozen or more other deaf persons. Some of these men died, but they were the eldest and youngest of the group.

A sense of place is very important in the deaf community. Ninety percent of all deaf persons are born into a family of individuals who can hear, which often means that the deaf member is alone and faces difficult communication problems. As a result, places such as a deaf school, a deaf church, or a deaf club, where deaf people can interact and communicate more freely, take on added significance.

In the case of the Hungarian deaf Jews, the Mexico Street School occupied a central place in the lives of the survivors. Although all of the survivors readily identified themselves as Jews, none of them talked about synagogues or rabbis. None of them expressed strong religious beliefs. Several mentioned that they had attended the deaf club in Budapest or participated in sports activities, but this apparently stopped with the Nazi occupation. In short, the traditional places one would expect to find in the deaf community were absent save one. Nearly all the survivors had attended the Jewish school for deaf children on Mexico Street.

When Miklos Klein escaped from labor brigade service, he usually ran to Mexico Street. When Edith Weisz wanted help for herself and her infant son, she traveled to the school. When the authorities transported Judit Konig's father to Germany, she took her mother and grandmother to the school. When the countryside deportations occurred, school Director Kanizsai kept the children together as best he could. When Charlotte Balkanyi could no longer keep Izr  el Deutsch with her family in Buda, she escorted the young child across the river into Pest and the Mexico Street School.

Despite the presence of guards and periodic attacks by the Arrow Cross, the Mexico Street School represented a safe haven for the deaf Jews of Budapest. It was a place to meet other deaf people—old

and young—and to exchange information. Eventually, the Arrow Cross closed the building and sent its deaf occupants to camps or back to the ghetto. But as soon as liberation occurred, the children came back and the school re-opened until its final closing in 1948 by the new communist regime.

Notes

1. For a general treatment of historical attitudes towards disability within Judaism, see Judith Z. Abrams, *Judaism and Disability, Portrayals in Ancient Texts from the Tanach through the Bavli* (Washington, D.C.: Gallaudet University Press, 1998).
2. Judit Frigyesi, "The Effect of the Holocaust on the Study of East-European Jewish Music," in *The Holocaust in Hungary, Fifty Years Later*, ed. Randolph L. Braham and Atztila Pok (New York: Columbia University Press, 1997), 630–31.
3. See Henry Friedlander, *The Origins of Nazi Genocide, From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press, 1995). Although the Nazis operated their T4 program throughout the war in Germany itself, there was not the same opportunity to implement these programs in other parts of conquered Europe. Since Nazi Germany was not the only country to sterilize "abnormal" individuals, one could speculate that these programs would have been expanded in a successfully Nazi-dominated post-war Europe.
4. See Horst Biesold, *Crying Hands: Eugenics and Deaf People in Nazi Germany*, trans. William Sayers (Washington, D.C.: Gallaudet University Press, 1999).
5. Although some deaf Jews who had understandable speech managed to become bar mitzvahed at their schools, they rarely were allowed to read from the Torah when they returned to their home communities. Deaf Jews without understandable speech were not bar mitzvahed. Typically, deaf Jews were not married in a synagogue. These are a few examples of the marginalization of deaf Jews. For an interesting example of the experience of a Russian Jewish deaf immigrant to the United States, see Harvey Barash and Eva Barash Dicker, *Our Father Abe: The Story of a Deaf Shoe Repairman* (Madison, Wisc.: ABAR Press, 1991).
6. Histories have been published for each school except the one at Budapest. For example, see David Jackson, ed., *The History of the Residential School for Jewish Deaf Children* (London: Reunion of the Jewish Deaf School Committee, 1992).
7. William O. McCagg, Jr., "Some Problems in the History of Deaf Hungarians," in *Deaf History Unveiled, Interpretations from the New Scholar-*

ship, ed. John V. Van Cleve (Washington, D.C.: Gallaudet University Press, 1993), 252–61.

8. Dezso Kanizsai, ed., *1943–44 Yearbook*, trans. Michael Mayer (Budapest: Jewish Deaf-Mute National Institute and Sir Ignaz Wechselman and Zsofia Neushloss Educational Institute for the Blind, 1944), 3.

9. David Cesarani, ed., *Genocide and Rescue, The Holocaust in Hungary, 1944* (Oxford: Berg, 1997), 5.

10. Professor Randolph L. Braham of Columbia University is considered the *doyen* of Hungarian Holocaust scholars. For a recent example of his analysis, see Randolph L. Braham, “The Holocaust in Hungary: A Retrospective Analysis,” in *Genocide and Rescue, The Holocaust in Hungary, 1944*, ed. David Cesarani (Oxford: Berg, 1997), 29–46.

11. For personal reasons after the war, Izráel Deutsch changed his name to Harry Dunai. He believed that Izráel identified him as a Jew, and Deutsch was a reminder of his Holocaust experience. He is now retired and lives in California.

12. For general descriptions of the anti-Semitic legislation, see Randolph L. Braham and Scott Miller, eds., *The Nazis' Last Victims, The Holocaust in Hungary* (Detroit: Wayne State University, 1998) and Yehuda Bauer, *American Jewry and the Holocaust: A History of the American Jewish Joint Distribution Committee* (Detroit: Wayne State University Press, 1981).

13. It is not clear how many directors attended. In the 1936–1937 school year, there were twenty-five Jewish educational institutions located in Budapest. See Aron Moskovits, *Jewish Education in Hungary (1848–1948)* (New York: Bloch, 1964), 280–81.

14. Otto Roboz, “The Red Cross Home of the Jewish Orphanage for Boys in Budapest,” in *The Tragedy of Hungarian Jewry: Essays, Documents, Deposits*, ed. Randolph L. Braham (New York: Columbia University Press, 1986), 295–96.

15. *Ibid.*, 296.

16. Kanizsai, *1943–44 Yearbook*, 4.

17. Horthy was the Regent of Hungary. He appointed prime ministers who administered government affairs. Despite the fact that Horthy did not satisfy Hitler’s demands, scholars agree that the Regent was pro-German, authoritarian, and supported anti-Semitic legislation. For a summary, see Michael R. Marrus, *The Holocaust in History* (New York: Penguin, 1987), 75–83.

18. Lucy S. Dawidowicz, *The War Against the Jews, 1933–1945*, 10th ed. (New York: Bantam, 1986), 379–83.

19. Bella Liptay (née Pollak), interview by John S. Schuchman [hereafter the author], video recording, Budapest, Hungary, 25 July, 1997. Schuchman conducted these interviews. A Hungarian interpreted from the author’s spoken English to spoken Hungarian, which was then interpreted into

Hungarian sign language. Survivor testimony occurred in reverse order. Donna F. Ryan videotaped and took notes of the interview. One year later, we brought four of the survivors and the Hungarian sign language interpreter to the United States for a conference, "Deaf People in Hitler's Europe, 1933–1945," co-sponsored by Gallaudet University and the United States Holocaust Memorial Museum. Essentially, we used the same system of communication when the survivors appeared as a panel. As a child of deaf parents, I often communicated with the survivors one-on-one outside of the formal interviews, thereby developing rapport and obtaining additional information.

20. Although I have no written documentation, both Bella Pollak and Harry Dunai confirmed the school director's presence at the orphanage, the International Red Cross Camp at the Mexico Street School site, and in the central ghetto.

21. Deafness has been described as the invisible disability since there are no outward physical manifestations of the hearing loss. However, sign language quickly identifies a deaf person as an individual who is different from the "normal" majority population. In the 1930s and 1940s, it was not unusual for deaf people to experience stares or ridicule from hearing people when they used sign language in public. As a result, the hearing children of deaf parents often would hear negative comments about the signs and their parents. Also, it was and is not unusual for deaf persons to caution each other in public about sign language use in order to avoid unwanted attention. At international meetings of hearing adult children of deaf parents, participants from many countries, including Europe, Israel, Japan, and the United States, have confirmed that this is a shared painful experience. Certainly, Pavel, as the young hearing child of deaf parents, would be sensitive to this cultural phenomenon and would have naturally cautioned the young deaf child in an effort not to draw attention to themselves.

22. Sign language is not international. Each country has developed its own sign language; however, deaf individuals are comfortable with visual gesture and are able to establish basic social communication with foreigners within a short period of time. In recent years [post-1980], the international deaf community has developed an international sign language known as Gestuno; however, most deaf persons prefer to use their own national sign language and gesture with foreigners.

23. Peter Farago, interview by author, video recording, Budapest, Hungary, 21 July, 1997.

24. Harry Imre Dunai (né Izrael Deutsch), interview by author, California, 20 August, 1999.

25. When a deaf child and the hearing members of the family have had no formal exposure to sign language, they often create gestures for use

exclusively within the family, which would have no meaning to other deaf people—hence the term “home sign.”

26. Kanizsai, 1943–44 *Yearbook*, 8.
27. Budapest straddles the Danube River. Buda and Obuda are on the west side of the river; Pest is on the east side. The Mexico Street School is located in Pest. See United States Holocaust Memorial Museum, *Historical Atlas of the Holocaust* (New York: Macmillan, 1996), 189.
28. Historian Randolph L. Braham refers to 1867–1918 as the “Golden Era” of Hungarian Jewry. Because of their privileged position, Charlotte, her parents, and other family members would emigrate to England. For a recent description of the Jewish middle class, see Randolph L. Braham, “The Holocaust in Hungary: A Retrospective Analysis,” in *Genocide and Rescue, the Holocaust in Hungary, 1944*, ed. David Cesarani (Oxford: Berg, 1997), 29–46.
29. Randolph L. Braham, *The Politics of Genocide, the Holocaust in Hungary*, 2 vols. (New York: Columbia University Press, 1981), 732–39.
30. Ibid., Vol. 2, n. 91; Ibid., vol. 1, 573.
31. For recent discussions of these rescue efforts, see Asher Cohen, “Resistance and Rescue in Hungary,” in *Genocide and Rescue, the Holocaust in Hungary, 1944*, ed. David Cesarani (Oxford: Berg, 1997), 130–31; and Robert Rozett, “International Intervention: the Role of Diplomats in Attempts to Rescue Jews in Hungary,” in *Nazis’ Last Victims*, ed. Randolph L. Braham and Scott Miller (Detroit: Wayne State University Press, 1997), 137–152.
32. Dunai, interview.
33. See Laszlo Karsai, “The Last Phase of the Hungarian Holocaust: The Szalasi Regime and the Jews,” in *Nazis’ Last Victims*, ed. Randolph L. Braham and Scott Miller (Detroit: Wayne State University Press, 1997), 103–16.
34. Resistance took the form of self-defense. With allied advances in 1944, resistance meant keeping Jews alive for months. Typical situations involved Zionists fighting against the Arrow Cross to prevent them from rounding up Jews, as was the case at the Mexican Street School roundup. For general discussion, see Robert Rozett, “Jewish Armed Resistance in Hungary: A Comparative View,” in *Genocide and Rescue, the Holocaust in Hungary, 1944*, ed. David Cesarani (Oxford: Berg, 1997), 138–39.
35. In his interview, Dunai only referred to the deaf boy as his friend Leo. Later, Peter Farago and Bella Liptay sent me a photograph of Leo Wachlenberg. She said he was shot when he ran down the school stairs, “when a Hungarian Nazi, named Laszlo Tuz, called him to stop, thinking that he wanted to desert. Poor boy, of course, did not hear a word, and the Nazi shot him to death.” Peter Farago, letter to author, 3 March, 1999.
36. Dunai, interview; Liptay (née Pollak), interview.
37. The “Joint” was a Zionist relief and rescue organization. It helped refugees and organized emigration to Palestine. Much of their funds came

from the United States. The communists eventually kicked the Joint out of Hungary, but it continued to operate clandestinely through numerous front organizations. When communism fell in the 1980s, the Joint returned to Eastern Europe. Its branch in Budapest is directed by Dr. Israel Sela, a hearing son of Israeli deaf parents. Dr. Sela has been instrumental in fostering a good working relationship between the Jewish deaf Hungarian survivors and the editors of this anthology.

38. Dunai, interview. There is a conflict in this story. In another interview, Dunai stated that he learned the news about his parents and brother from one of his siblings. It is possible that he actually acquired the information from both sources—siblings and the Farago family.

39. Farago, interview. In the summer of 1997, I interviewed a dozen deaf Jewish survivors who live in Budapest. Peter Farago is the acknowledged leader of this group.

40. Dunai, interview. Dunai speculated that Kanizsai's decision was based on a fear that the loss of the orphans would result in the closing of the school.

41. Miklos Klein, interview by author, video recording, Budapest, Hungary, 22 July, 1997.

42. Farago, interview; Dunai, interview.

43. Eva Molnar, ed., *Hungary: Essential Facts, Figures & Pictures* (Budapest, Hungary: 1997), 78–79.

44. Ibid., 166–67.

45. Liptay, interview; Farago, interview; Dunai, interview.

46. Vilma Dostal (née Kentner), interview by author, video recording, Budapest, Hungary, July 23, 1997. Mrs. Dostal served as our Hungarian sign language interpreter throughout our interviews in Budapest.

47. Ibid.

48. Dunai, interview. Although an orphan, his siblings provided help and support when they could. However, the young deaf man pursued his education and vocational training in Budapest on his own.

49. Ibid. With the help of his sisters, he eventually emigrated to Sweden (1957) and to the United States (1959), where he lives today.

50. Dostal, interview.

51. Randolph L. Braham, *The Hungarian Labor Service System, 1939–1945*. (New York: Columbia University Press, 1977), 5.

52. Ibid., 17–25.

53. Ibid., 59–66.

54. Ibid., 70–75.

55. Klein, interview; Judit Konig, interview by author, Budapest, Hungary, 25 July, 1997; and Klara Erdosi, interview by author, video recording, Budapest, Hungary, 23 July, 1997.

56. Klein, interview.
57. Edith and Gyorgy Varsanyi, interview by author, video recording, Budapest, Hungary, 21 July, 1997. After the war, mother and son changed their family name from Weisz to Varsanyi to avoid anti-Semitic abuse.
58. Klein, interview.
59. Ibid.
60. Two people confirmed this number. Sandor Weicher, interview by author, video recording, Budapest, Hungary, 21 July, 1997; and Magda Galambos, interview by author, Budapest, Hungary, 21–22 July, 1997. However, Klein reported that twelve deaf people lived in his barracks. Klein was unaware of the child Peter Farago in another part of the camp, and the fourteen cited by Weicher and Galambos included one woman, which might explain the discrepancy.
61. Klein, interview; Weicher, interview.
62. United States Holocaust Memorial Museum, *Historical Atlas of the Holocaust*, 165–66.
63. Weicher, interview.
64. Klein, interview.
65. Erdosi, interview.
66. United States Holocaust Memorial Museum, *Historical Atlas of the Holocaust*, 153–56.
67. Erdosi, interview, 1997.
68. Ibid. Although Erdosi only mentioned Leipzig, a Ravensbrück subcamp was located at Leipzig-Schoenfeld. Ravensbrück was the administrative center for a series of about forty subcamps spread throughout Greater Germany. See United States Holocaust Memorial Museum, *Historical Atlas of the Holocaust*, 155.
69. For example, the German deaf community created a film *Verkannte Menschen* (*Misjudged People*) in 1932 in an effort to enlighten the hearing majority about deaf people. A major theme of the film was the lack of employment opportunities for deaf persons. This is evidence that German deaf people believed that most Germans underestimated the ability of deaf people to work. There is no reason to believe that German military officers and camp guards did not share this perception.
70. Erdosi, interview. The Ravensbrück camp had more than 500 “uniformed SS women” guards. See Sybil Milton, “Women and the Holocaust: The Case of German and German-Jewish Women,” in *When Biology Became Destiny, Women in Weimar and Nazi Germany*, ed. Renate Bridenthal, Atina Grossmann, and Marion Kaplan (New York: Monthly Review Press, 1984), 308.
71. Ibid.
72. Konig, interview.
73. Braham, *Hungarian Labor Service*, 70–75.

74. Konig, interview.
75. Ibid.
76. Ibid.
77. "Hungarian Deaths," *The Cavalier* (Washington, D.C.: January, 1947), 4.
78. Dr. Israel Sela reported that a deaf Israeli, who was a Hungarian survivor, returned to the Mexico Street School after the fall of the communist regime, but was not allowed entry by authorities. Subsequently, Sela became the director of the Hungarian branch of the Joint. Using the influence of his office, he was able to arrange for a commemorative service and the installation of a memorial plaque. See Israel Sela, "Welcome Presentation" (unpublished videotape proceedings of the Deaf People in Hitler's Europe, 1933–1945 Conference, Washington, D.C., 1998). The Hungarian Organization of Jewish Deaf has a website with both Magyar and English language options. (See www.jcc.hu/communit/Enmhzse.html.) The current president is Mihaly Hollo (e-mail address: mhzse@ort.jcc.hu).

Deaf Survivors' Testimony: An Edited Transcript

John S. Schuchman and Donna F. Ryan

In the summer of 1997, Donna Ryan and I interviewed a dozen deaf Hungarian Jews. Although neither of us speaks Hungarian nor uses Hungarian sign language, we believe that this transcript is a reasonably accurate English translation of the narratives that follow. Our initial interviews with a dozen Hungarian deaf Jews occurred in the summer of 1997 in Budapest. I conducted them with the assistance of Hungarians who translated from spoken Hungarian to spoken English. Our sign language interpreter, Vilma Dostal, translated to and from signed Hungarian to spoken Hungarian. Ryan operated a video camera and took notes throughout the interviews. The following summer, we were able to bring four of the survivors to Washington, D.C., to participate in the "Deaf People in Hitler's Europe, 1933–1945" conference. Again, with the aid of Vilma Dostal and survivor Harry Dunai, who is fluent in both signed Hungarian and American Sign Language, the survivors—Peter Farago, Miklos Klein, Klara Erdosi, and Judit Konig—shared some of their experiences with the audience. We used two translators for spoken Hungarian and spoken English. In the summer of 1999, I interviewed Harry Dunai at his home in California. Using American Sign Language, Dunai corroborated and amplified some of the information provided earlier by the other Budapest survivors. The following summer in Budapest, these same survivors spoke to the students and an assemblage of the Hungarian Association of Deaf Jews. Mrs. Dostal interpreted and yet another Hungarian translated from spoken Hungarian to spoken English. In total, we have used four different translators for spoken Hungarian to spoken English. In addition, Donna Ryan and I have communicated in gesture and shared Hungarian and



Survivor panel testifies at "Deaf People in Hitler's Europe" conference co-sponsored by Gallaudet University and the U.S. Holocaust Memorial Museum, 1998. Seated left to right: Peter Farago, Miklos Klein, Judit Konig, and Klara Erdosi. Courtesy of Gallaudet University Department of Government and History.

American signs with these survivors one on one in social situations since 1997. The basic narratives that these survivors have communicated to us and others have remained constant. We have added clarifying comments in brackets.

Survivor Testimony

Klara Erdosi: Camp Experiences, Including Ravensbrück

Arrival at the Camp

They were very rude with us, the soldiers. We were eighty to a hundred pushed into a wagon [cattle car]. Everybody wanted to find themselves a better place . . . as well as for their baggage. The windows were very tiny and the train started. At night the train stopped. We got off. For about seven days, the train went until we arrived. . . . [at Ravensbrück] I could see many children. They were very dirty and disheveled. My heart was hurting from watching this. I was patient, I was trying to control myself. We lay down in a huge yard. The next day they called us, they undressed us completely naked, they shaved off all our hair, they gave us prisoner uniforms At a table in a corner they were putting the hair into packages, a whole pile of gold, a pile of watches, a pile of photographs, a pile of shoes, clothes were—we were looking in this huge hole, I was trembling. We received this prisoner uniform, we put a kerchief on our head, everybody retained their shoes. This was very odd to be bald.



Klara Erdosi's family photo. At far left, Klara at age thirteen. Mid-picture is her sister with her fiancé. Courtesy of Mrs. Erdosi, Budapest.

Everybody was very cold. We were there for about two months. I met two other deaf people, two other deaf women. There were three of us. Three of us were in one bed, with a doctor's daughter. I got very scared because I found some lice. I told my sister, "I found lice." She said, "What, are you nuts? Everybody got lice." "Everybody?" I asked. "Don't you bathe?" "No," she said. "Everybody got lice." It was very strange.

One deaf woman was very ill; she had dysentery. She asked for some underwear. I had only two pair. She was arguing with me that I should give them to her. The other women's legs were completely swollen.

We were working in the mud, sweeping the area in January . . . There were high-ranking officers sitting at a table. My sister warned me, to make sure I don't show them that I limp because my legs were frozen. You could see that anybody that showed any kind of imperfection or limp, they would separate them right away. My sister spoke German. Therefore, I was stepping very carefully, nobody would notice that I was limping . . . I told all the deaf people how they'd separate us and abuse us. They [the other deaf prisoners] said, "Don't you like the deaf?" I said, "I listen to my sister and I try to be with her. Maybe we would go to a better place."

Two weeks later . . . my sister she was separated and she . . . said that I [Klara] am deaf and can work, and together they took us. The next day, I said bye. I said farewell to my deaf friends—only after the war did I find that all my deaf friends had died.

Work at the New Camp, Near Leipzig

It was written on my papers that I was deaf. As a deaf person, they wouldn't let me work in this [munitions] factory. They were beating us with whips quite frequently. Everybody would receive beatings. Those that died, it happened that those that—either they couldn't control themselves from bowel movements, and they put them out into the yard . . . where they froze to death. I was sent out to dig out the graves, and I was the 'crier' because I would cry. I would dig graves for these people that froze to death. First all three [other prisoners] were taken to dig graves, but afterwards the two were separated and I was left the only one because I cried the most. My hands were hurting . . . it was very cold. I wasn't strong. My sister was much stronger than me. I was digging the graves. We were fighting. We stole from each other.

A woman found out, one of the soldier women found out that I was a hairdresser, and twice a month I had to go and do her hair. [Other times] I had to go to the toilet to clean, or to clean off the snow.

My sister got beaten very often, and it hurt me quite a bit because I couldn't do anything to help her, because if I tried to help they would beat me as well. I have very terrible memories of this, my leg hurt terribly, I cried, cried.



Peter Farago: Experiences as a Ten-Year-Old Child at Bergen-Belsen

They sent us from the train and they separated us from our mothers. I was crying, I wanted to be with Momma, I wanted to be with my mother. They chased me back. Amongst the children I was there and I was completely disoriented, helpless. The only thing I was lucky that there was a saving angel. A Polish boy [named Pavel] was a child of deaf parents, about fourteen or fifteen years old, blonde, blue-eyed, tall boy. He took my hand, he said, "Don't sign." I was very scared, I was wondering why shouldn't I sign. He said again, "Don't sign." I said, "I can't hear." He said, "Be quiet." He was holding my hand as my brother and he said, "Just relax." Amongst the children, I don't want to make up stories, but there were about two thousand. I was amongst two thousand children. When I was a young kid, I didn't care about this, but now I remember how spoiled and what a crybaby I was. And Pavel said, "Don't sign. Don't use hand signals." And I always did whatever he told me and I followed his advice.

Everyday we went, we were taken to a place where we used oil cloth to wash the [munitions casings], and the German soldier gave me some bread. Every night he gave us some kind of a black soup and carrots and beets . . . I couldn't understand why, as a ten-year-old what—many children got sick and died.

Liberation

Pavel was much stronger than me, always stood by me, and he told me that American soldiers or Russian soldiers were coming, but I'd never forget there was huge bombing going on. There were dust clouds everywhere. You couldn't see anything . . . One child died from the—during the bombing. Many children . . . Pavel was my savior.

The war finished, Pavel said to me "The war is over." He said he was returning to Poland to his home. Maybe his parents are still alive. "And what should I do?" I asked him. I felt I was all alone in the world.

[Hungarians] told me that we should start walking. I was very skinny . . . For about eight or ten days we were walking, we were begging for food wherever we could. I couldn't cry at that stage. I could see the others—I was just following with them. We—when got into Hungarian territory but I still couldn't understand, I didn't know for sure that we were in Hungary. . . . I was a young kid, and there again I was begging for food. I was afraid of—very hungry, and I was a very pretty child and they felt sorry for me. I can never forget this. We arrived [Györ, near the Austrian border]—accidentally I noticed my mother's back. I said, "Mom, mother," and my mother just fainted on the spot. Just a moment [tearful, Farago recomposes himself].



Peter Farago upon his return from the
Bergen-Belsen concentration camp, 1945.
Courtesy of Peter Farago, Budapest.

My mother became so sick, she was trembling, I got very scared. I was afraid for her. And then she finally got up . . . I told her we were going to Budapest. And I'll never forget we were on the train in 1945, the first of May we arrived . . . where we received money, clothes. Unfortunately, I was full of fleas, they had to shave our hair. My mother didn't have fleas, just me . . . I can never forget.

After Arriving Home

Everything valuable that I had was all stolen from us. My mother said, "Doesn't matter as long as we're alive." They moved us to Budapest and we lived there. In 1983, my mother passed away from cancer. I nursed her, she died in my arms. I nursed her for thirty-seven years and it was too short a time for me.

Schuchman: Peter, you said that Pavel told you not to sign. How did the two of you communicate?

Peter Farago: He always told me what to do, but he was very . . . subtle about it. I didn't know why he was so—why he was always hiding messages. I realize now had they found out, they would have killed me. I have three saving angels. First, on the wagon [railroad car] towards Auschwitz, they bombed the train tracks and the train had to turn around—had to return, make a detour towards Austria. I was with my mother at that stage. In Bergen-Belsen, Pavel was the other one that saved my life. I don't want to meet Pavel right now. I'm very worried what might have happened to him. I'd rather not find out. The meeting would be very painful for me.



Judit Konig: The Budapest Ghetto

From the throes of death we escaped three times . . . I cannot describe. My life was very sad indeed. We were, on November 4, 1944, we had papers. We were walking . . . with a pass—authorized pass. One of the deaf people, I am grateful to him. It turns out that the pass originated from Raoul Wallenberg. My mother paid a lot of money to get this certificate. I cannot describe . . . When they took us to the Mexico Street, on the whole way . . . we had to walk with raised arms. Everything that was on us was stolen . . . For fourteen days, we were in semi-prisoner status. Mrs. Galambos, my friend, she had a tiny infant. In this house we were, to tell you the truth, I admit we were stealing, because every house

we went in we ripped whatever we could and we turned it into diapers and whatever we needed. But, thank God, we survived. Now that infant is 54 years old, I'll never forget . . . The Arrow Cross was coming and we were alive . . . They found us and took us to the ghetto . . . We wanted to stay together, but it didn't succeed. They [Arrow Cross] put them on a train [but] I disappeared—from the—I knew what would happen to me if I got on that train.

[Later recaptured and marched to the Danube River] I was shot three times in three different places of my body. I had a very sad life. It destroyed my life . . . I can't talk more about this, it hurts. I would like to finish this, I don't have any family. I'm all alone, all alone. It's horrible . . . I don't want to talk about anything anymore. Thank you very much.



Judit Konig proudly displays her yellow star.
Courtesy of Judit Konig, Budapest.

Miklos Klein**Deaf Members of the Arrow Cross**

They never helped us. When I was in Budapest, I was hiding all over the place. They were hunting down the deaf [sic]. . . He [deaf member of Arrow Cross] was looking for Jewish families. He would arrest Jews and expropriate their valuables. He always wore a weapon and an armband. [His] wife went to school with me. His wife happened to be Jewish. One day I met him and he asked me, "What are you going to do—What are you looking for?" I told him he'd better watch out because I was strong . . . [but, he] was just laughing. I told him to be careful, "Your wife is Jewish, don't do anything foolish." He was really stealing a lot of valuable suitcases, but he was, he had a lot of suitcase—He was a robber. Four or five deaf were with him together in this. I don't know where they took all the stuff that they stole. But this is what I could remember of him and his gang.

Labor Brigade and Bergen-Belsen

I received my induction notice and I went to . . . a labor camp. Many, many of us were there. We had to make a trip to Budapest [where] they gave us a medical examination. They denied that I was deaf. They said that I could hear and that I was just pretending. The doctor nevertheless gave me a certificate. . . . I escaped constantly . . . [After several episodes of escape and rearrest], I couldn't find any safe place . . . In the Deaf Mute Institute in Mexico Street, there were many, many of us. I thought there I would be lucky and nobody would bother me. Early in the morning, there was a raid. They surrounded the ghetto and they took us . . . Judit was there, with her mother . . . The next morning, they put us in wagons and they took us . . . About eighty of us were crammed into a [train] wagon. There was no air, no oxygen, nothing to drink. In ten days slowly we were advancing toward the border. At the border, they gave us something to eat—salted rice. We asked for water. They said, "No, we don't have any." We started the train again—towards Bergen-Belsen. In three days, we arrived at Bergen-Belsen. We were very thirsty . . . Those who could speak German were reading all the signs . . . We were in a concentration camp. We did not know how many people were in the concentration camp. They took everything from us. All of our packages; everything that was with us. They separated the elders from the young ones. Twelve

deaf mutes together—we were together. In the concentration camp, we suffered quite a lot. That was the reality. Somebody was listening secretly to a radio. We listened to Voice of America. We succeeded to hear that the liberation of the Jews was imminent. They took us to Czechoslovakia. One died, of the twelve deaf, in Czechoslovakia. Klein Lajos died on the train. Ten of us remained, survived. We didn't go any further. We stopped there. There was a lot of bombing, air raids. That train wagon toppled over. The American troops liberated us There were other pockets of resistance. They still were fighting.

Liberation from Bergen-Belsen.

I was very very skinny, I was just skin and bones. Slowly, slowly I was starting to recuperate. The American doctors were helping me. I was fortified some. The American soldiers left and the English



Miklos Klein upon his return from the Bergen-Belsen concentration camp, 1945. Courtesy of Miklos Klein, Budapest.

soldiers came. And then the next wave was the Russian soldiers who took charge The Russian said, "What are you doing now? You cannot stay here. Go home. Don't stay here." Among the ten deaf, two died, eight returned home. Under the Russian flag we arrived home. It took us quite a while for the journey, about twelve days, and when we arrived in Budapest, we saw the horrible state of affairs in Budapest.



Part IV

Concluding Thoughts

A Call for More Research

Peter Black

When asked in the summer of 1998, prior to the conference on “Deaf People in Hitler’s Europe,” what bibliography I might suggest for background reading before the event, I responded that there was precious little (I must admit, with some embarrassment that I was unaware at the time of Horst Biesold’s *Klagende Hände*).¹ That there was and remains little published not only necessitated holding this conference, but also justified this related publication.

The issue of how deaf people were treated under Nazi rule raises questions about how a society responds in terms of medicine, therapy, and social policy to those whose physical or mental makeup lies somewhat outside what that society defines as “normal” or “typical.” Until recent decades, our modern, highly educated, civilized societies tended to marginalize those who were unable to participate in ways deemed typical. Even today, with special facilities in place—or in conception—to permit broader access and participation in general society, such individuals—and often their families as well—continue to endure isolation, however well-meaning and sympathetic many in the general population may be. Under Nazi rule, German medical, social welfare, and public health authorities, collaborating with a national police detective force, exercised frightening power to prevent all forms of social “deviation.” Working from a starting point in 1933 that ranged from mildly disinterested sympathy to indifference or even neglect, Nazi authorities and German officials implemented an activist agenda of isolation, sterilization, and, ultimately, mass murder.

Bullies and thugs did not inspire the most brutal persecution of deaf people and others placed outside the typical sphere of social

behavior. The driving force behind this persecution was the ambitions of a highly educated, professional middle class. Shortly before the “Deaf People in Hitler’s Europe” conference opened, a Florida educator asked me the following question relating to support in Germany for Nazi persecution of the Jews: “Where were the educated people?” Surely, she reasoned, those with education must have known such policies were wrong. Sadly, I had to respond that many of the educated not only acquiesced, but also advocated and implemented the so-called Final Solution of the “Jewish Question.”² Likewise, men and women with significant levels of education planned persecutory policy towards other social “out-groups,” often tarring them with “inferior” racial characteristics to justify the heartless measures they implemented. Education without an instinctive appreciation for the value, not only of human life in the abstract, but for each individual human life, is a dangerous instrument indeed. Awareness and understanding of the cruel betrayal of deaf people by the very professionals in whom they placed their trust is another justification for this conference and this related publication.

Only in the last decade and a half have scholars begun to examine the theory and practice of Nazi persecution and murder of those persons that they deemed inferior due to a perceived physical or mental disability. In this collection, Henry Friedlander and Robert Proctor have provided two of the most careful, thoughtful, and eloquent pieces on this subject. With their colleagues, Michael Burleigh, Wolfgang Wippermann, and Michael Kater, they have uncovered ideological, institutional, and even personnel links between Nazi racist prejudice and genocidal policy against the Jews and Nazi efforts to identify, isolate, sterilize, or murder those deemed to be “handicapped.”³ The persecution of other social out-groups, such as the Gypsies, so-called asocials, and those whom the Nazis identified as “professional criminals” has only recently received scholarly attention.⁴

These scholars have focused primarily on the perpetrators: the scientists and professors who developed the field of racial hygiene; the physicians and health care professionals who implemented public health policy in the Third Reich; and the law enforcement profes-

sionals and police psychologists who developed the field of criminal biology. A murderous mixture of all three groups implemented the “euthanasia” program and conducted vicious experiments on human beings during the Second World War. It is important to place the fate of deaf people under Nazi rule more clearly into the context of Nazi aims to eliminate all forms of what was perceived as deviant behavior from the utopian German society they intended to create. Equally important to understand is the connection the Nazis drew between each of the social out-groups and harmful “nuisances.” Indeed, the notion of “cleaning up the streets” was so important to broad sections of the German middle class that they were prepared to support or at least acquiesce in all Nazi policy geared toward that aim.⁵

I realize that this approach might founder upon sensitivities in the deaf community about association with mentally disabled people and Gypsies, let alone asocials and criminals. This certainly has been the reaction among some in the Gypsy community and is fully understandable as each community goes through the process of uncovering its historical past. On the other hand, if we close our eyes and minds to the realities of these historical mental linkages, I fear that a genuine understanding of the foundations of support—or at least indifference—from German society to Nazi persecution of vulnerable social out-groups will escape us.

At the conference “Deaf People in Hitler’s Europe,” Friedlander and Proctor revealed the historical context for the Nazi persecution of deaf persons by explaining and analyzing the ideology and institutions that had direct impact on the segregation, torture, sterilization, and murder of those whom the Nazis considered disabled. In an article written specially for this volume, Patricia Heberer has demonstrated masterfully how the perverse notions of public health, biological science, social concerns, and financial needs flowed together to support the implementation of the first instance of Nazi problem-solving by mass murder—the “euthanasia” program. In all three papers, the lethal combination of professor, physician, and policeman stand out.

In this volume, Proctor analyzes how the so-called science of “race hygiene” developed through the application of social, nationalist, and

class prejudice to biology and genetics. He outlines how members of the medical profession in particular were drawn to the National Socialist banner because the Nazis promised them funding for research and positions, job security and good salaries, and, ultimately, the opportunity to test “scientific” theory on living human subjects. Proctor demonstrates how professor and physician drafted and developed sterilization laws and the Nuremberg race laws and, later, staffed the agencies and organizations that would eventually define what life was worth living. Especially discomforting are his references to the models that our own United States, with the race laws of the southern states and the sterilization laws of a number of states, offered to Nazi eugenicists and racists.

As he did in his exceptional book, Friedlander focuses on the ultimate aim of Nazi policy, euthanasia, and on its implementation in killing centers throughout the German Reich. He explains how the Nazis defined their victims, how they planned mass murder and sought to keep its implementation secret, and how the medical professionals looted the very bodies of their victims for gold and organs. Moreover, Friedlander alerts us to the astonishing and sad fact that the post-war German government refused for decades to provide compensation for the victims of sterilization, based on an unwillingness to invalidate Nazi-era health legislation.

Patricia Heberer offers an analysis of how the persecution and the murder of disabled people formed part of a broader campaign to proscribe from German society all those who were “hereditarily compromised,” asocial, or “unproductive” and whose very existence allegedly placed a genetic and financial burden on the state. She demonstrates how eugenics theory took a radical and violent turn in Germany after Hitler came to power and how it informed public health and social policy as it radicalized from legislated isolation to sterilization to murder. Authorities sought to legitimize their intentions among the German population through propaganda films that dehumanized mentally disabled people. They organized pseudoscientific tours of institutions with the intent of demonstrating to Germans the alleged worthlessness of these lives. The authors of school math books even included problems to calculate

the potential savings if one no longer had to finance the survival of institutionalized disabled people. Heberer drives home her key point that the marginalization and murder of the “unfit” were components of the perverted vision of a Nazi utopian society.

But what of the deaf community? We know much about the Jewish communities targeted for murder. We know less, but still something, of the Gypsy communities that the Nazis destroyed. Before this conference, we knew virtually nothing about the response of the deaf community, the blind community, or the countless other individuals and groups that the Nazis targeted for sterilization and murder. Due to a distinct language (the various national forms of signing), deaf communities throughout the world not only developed a culture prior to the Nazi catastrophe, but also a means of expressing the essence of that culture to the hearing world. Here, the presentations of Jochen Muhs and Horst Biesold draw our attention to a community that was well formed, articulate, and conscious of its ability to contribute fully to modern society in the Germany of the early 1930s. To those who would doubt the level of identity and organization of the deaf community in Germany prior to Nazi rule, I can only recommend a viewing of the film *Verkannte Menschen* (*Misjudged People*).

Muhs courageously tackles a difficult issue: that of collaboration in the deaf community. Deaf men joined the SA and the NSKK (*Nationalsozialistische Kraftfahrerkorps* or National Socialist Motorized Corps). Deaf children camped with their hearing contemporaries in the Hitler Youth; deaf citizens joined the Nazi Party. Both deaf children and deaf adults, like their hearing fellow citizens, were caught in the initial enthusiasm and optimism that accompanied Hitler’s rise to power.

Persons rendered deaf by accident or nonhereditary disease were generally exempt from sterilization laws and were generally spared euthanasia. Unlike Jews and Gypsies, some deaf Germans faced the same options as hearing Germans. Indeed, in his interviews, Muhs heard some of the familiar excuses: “Hitler brought order”; “the Nazis ended unemployment”; “we didn’t know about the Jews.” From these comments, it seems that deaf Germans who were not stigmatized

as “hereditarily compromised” responded to the new regime in the same ways as hearing Germans. The Nazis also “coordinated” organizations for deaf people; schools for deaf children continued to function until the war, although with new teachers acceptable to the Nazis. Moreover, media aimed at the deaf community printed similar propagandistic drivel as that aimed at the hearing population. Because they could not hear whispered rumors, deaf people may have been even more susceptible to the corrosive effect of print and newsreel media. Deaf participants in the Nazi movement and deaf bystanders are an integral part of this story, which requires much more research in order to even tell, let alone analyze.

Does this mean that deaf persons could become good Nazis? Should we assume that they could participate in the National Socialist regime and the society it hoped to construct? Not really; deaf paramilitary organizations were soon dissolved and deaf schools were closed during the war. Finally, as was usual with Nazi practice during wartime, when the choice was between sterilization or killing, the Nazis usually killed. For many—how many we do not know—the cause of deafness had no influence on their fate.

At the “Deaf People in Hitler’s Europe” conference, Horst Biesold sensitized us to the pain and shame experienced by deaf persons deprived by the Nazi state of their right to bear children. He described the unwillingness even to speak of what they called the *Hitlerschnitt*.⁶ The reluctance to talk about wartime pain and humiliation was reinforced by post-war official silence. Biesold angrily proclaimed that only in May 1998, one month before this conference opened, did German legislators invalidate Nazi laws regarding deaf people.

Biesold rightly called for more research. We do not know how many deaf persons were killed; we do not know how many were institutionalized or incarcerated. We do not know whether they could find consolation and solidarity with one another as victims in the lonely struggle to survive Nazi tyranny. We need to establish whether resistance was possible, whether it was attempted, and what options were available. We do not know whether the regime always distinguished in practice between those born deaf and those who became deaf; and, if it did, what effect this cruel distinction had on relations

between deaf people. We need to know more about the persecution and disappearance of deaf Jews and deaf Gypsies, and we should find out more about what happened to deaf people in other countries. How many of those nameless residents of institutions whom the SS and police units murdered in occupied Poland and the Soviet Union were deaf? Finally, we know little of how deaf people coped with Nazi terror while suffering under it and even less of how deaf survivors cope with the painful memories today.

Jochen Muhs and Horst Biesold spoke of the importance of recording and preserving the memory of deaf individuals' experiences during the Nazi era. They have both collected numerous testimonies, as has John Schuchman. At the conference, brave and sensitive survivors came, in some cases thousands of miles, to record their experiences in a language that is unknown to most of us who are hearing. As difficult as giving testimony must have been for the survivors, I could then and can now only applaud and admire their courage in speaking. Knowledge of their experiences has intrinsic value for both those who cannot hear and those who can. Jewish or non-Jewish, their accounts provide a frightening color and moving intensity to a history that all of us, deaf and hearing, still struggle to understand. Because it took such courage to give, historians and lay persons will treasure this gift for generations to come.

As we approach the 60th anniversary of the end of World War II, we are sadly reminded that time is running short to draw upon such evidence directly given by deaf survivors of the Nazi regime and to flesh out the often dry and opaque, if chilling, picture provided in the documentation of the period, filled as it is with passive voice and euphemistic expressions. In offering us an interpretation of the individual stories of Hungarian deaf Jewish survivors as well as excerpts from actual translations of survivor's testimonies, the editors of this volume, Ryan and Schuchman, have taken an extraordinary step toward preserving some of this memory. They have also taken a bold step toward opening the deaf world to hearing people.

In recording these experiences, deaf survivors and deaf scholars can play a special role, not only for the deaf community, but also for all of us. At the United States Holocaust Memorial Museum, we deal

every day with the importance of memory and its preservation. Through hundreds and thousands of testimonies of Jewish survivors of the Holocaust and other victims of the Nazi regime, the museum and other repositories in the United States and Europe can offer present and future generations a vivid, authentic picture of what it was like to struggle against and endure Nazi persecution.

For those deemed disabled, this preservation of memory should and must be undertaken. All of us will benefit from some understanding of how these precious lives were assaulted by the Nazis in a mania for a racial purity that could only exist in their imaginations. These testimonies are especially important now because some of the victims, particularly those with mental and communication disorders, insofar as they survived at all, cannot today convey the heart-wrenching agony of their experiences.

The members of the deaf community (and the blind community) are in a position to speak for themselves. If they are willing, they might also speak as representatives of the so-called disabled population. Deaf survivors have the language to convey their experiences. Deaf scholars have the academic tools to record, analyze, and place these experiences within a historical context. The history of the persecution of deaf people and other persons deemed disabled is vitally important to all of us, because it was that notion that some lives are without worth that goes to the core of what is uniquely evil about the Nazi regime and what makes the Holocaust a seminal event of the past century.

As all of us who work in this field know, within ten or twenty years time, the survivors will no longer be here to share with us their experiences first hand. This awareness is made more oppressive by the fact that research into the history of deaf people under Nazi rule is just beginning. It is especially important that both deaf and hearing scholars, who have the interest, drive, and academic skills, begin to place those experiences into a proper historical context. *Deaf People in Hitler's Europe* offers us a remarkable starting point. Does the reader need to be reminded that there is still much work to be done?

Notes

1. Now available in English: Horst Biesold, *Crying Hands: Eugenics and Deaf People in Nazi Germany* (Washington, D.C.: Gallaudet University Press, 1999).
2. Peter Black, "Well-Educated Killers: The RSHA Office Chiefs and the 'Final Solution,'" in *The Holocaust and Justice*, ed. Ron Smelser, vol. 4 of *Lessons and Legacies*, (Evanston, Ill.: Northwestern University Press, 2002).
3. Henry Friedlander, *The Origins of the Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press, 1995); Robert N. Proctor, *Racial Hygiene: Medicine Under the Nazis* (Cambridge, Mass.: Harvard University Press, 1988); Michael Burleigh, *Death and Deliverance: "Euthanasia" in Germany 1900–1945* (New York: Cambridge University Press, 1994); Michael Burleigh and Wolfgang Wippermann, *The Racial State: Germany 1933–1945* (New York: Cambridge University Press, 1991); and Michael Kater, *Doctors under Hitler* (Chapel Hill: University of North Carolina Press, 1989). See also Götz Aly, *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene* (Baltimore: Johns Hopkins University Press, 1994).
4. See, for instance, Michael Zimmermann, *Rassenutopie und Genozid: Die nationalsozialistische "Lösung der Zigeunerfrage"* (Hamburg: Christians, 1996); Guenter Lewy, *The Nazi Persecution of the Gypsies* (Oxford: Oxford University Press, 2000); Wolfgang Ayaß, "Asoziale" im Nationalsozialismus (Stuttgart: 1995); Patrick Wagner, *Volksgemeinschaft ohne Verbrecher: Konzeptionen und Praxis der Kriminalpolizei in der Zeit der Weimarer Republik und des Nationalsozialismus* (Hamburg: Christians, 1996); and Burkhard Jellonnek, *Homosexuelle unter dem Hakenkreuz: Die Verfolgung von Homosexuellen im Dritten Reich* (Paderborn: Schöningh, 1990).
5. See especially the new book by Robert Gellately, *Backing Hitler, Consent and Coercion in Nazi Germany* (Oxford: Oxford University Press, 2001), 9–50, 90–120.
6. Essentially a vasectomy.

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