

# Registering the Handicapped in Nazi Germany: A Case Study

Henry Friedlander

During the German invasion of the Soviet Union in June 1941, mobile units of the Security Police and SS Security Service, the so-called SS *Einsatzgruppen*, supported by units of the German uniformed police and SS auxiliaries recruited from the native populations, systematically murdered all Jews, Gypsies, and the institutionalized handicapped.<sup>1</sup> They did so without formality, merely rounding up the victims, marching them to preselected places of execution, and shooting them. Similarly, the SS just rounded up their victims during the liquidation of the Polish ghettos.<sup>2</sup>

This simple method of mass murder, no different from the methods employed during antiquity or the middle ages, could only be used in areas where neither economic needs nor public opinion restrained the killers. For a variety of reasons, such methods could not be used in Germany and in the occupied countries of the West. First, public opinion would not condone such public barbarism. In Germany and the West the killings were accepted only when they took place far away and out of sight. Second, while in the East the Germans did not care whether their sweep gathered individuals not scheduled for execution, in Germany and the West they needed to make distinctions between those destined for extermination and those temporarily protected. The Germans issued a vast number of laws and decrees to regulate who could be included into the killing operations, but in the East they did not pay attention to those regulations. Third, modern industrial societies can only function efficiently if order is maintained. Despoliation, deportation, and killings must therefore be based on established rules. In Germany and the West, bureaucratic paperwork thus replaced the indiscriminate violence practiced in the East. The methods were different; the results were the same.<sup>3</sup>

Registration was the first step in the bureaucratic process of destruction. Paperwork accompanied the victims from the point of registration to the instant of death. The Nazi German state perfected a system of registration that made repression easy.<sup>4</sup> This applied to all groups scheduled for exclusion from the national community, especially Jews, Gypsies, and the handicapped. The process applied to the handicapped can serve as an example to show the repressive efficacy provided by bureaucratic paperwork in the modern state.

First some definitions. German racial policies directed against the handicapped were based on eugenic considerations. German scientists and Nazi ideologues both believed that heredity governed behavior, that is, they believed that an individual's genes – they called it the blood – determined his social conduct. Those judged to be suffering from hereditary diseases and handicaps had to be purged from the national gene pool in the same way that those considered aliens – Jews, Gypsies, Blacks – had to be excluded from the national community.<sup>5</sup>

After the Nazi assumption of power on 30 January 1933, the German civil service moved rapidly to implement the racial legislation championed by the Nazi leadership. On 14 July 1933, less than six months after his accession to power, Hitler and his cabinet promulgated the first eugenic law, the "Law for the Prevention of Offspring with Hereditary Diseases."<sup>6</sup> This law, designed to deal with hereditary diseases (*Erbkrankheiten*) and persons carrying such diseases (*Erbkranke*), was commonly known as the sterilization law. 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 those "suffering from a hereditary disease," and thus candidates for sterilization, as anyone afflicted with congenital feeble-mindedness (*Schwachsinn*), schizophrenia, *folie circulaire* (manic-depressive psychosis), hereditary epilepsy, hereditary St. Vitus's dance (Huntington's chorea), hereditary blindness, hereditary deafness, severe hereditary physical deformity, or severe alcoholism.<sup>7</sup>

Although exact figures are not available, conservative estimates place the number of persons sterilized during the 12 years of Nazi rule at 375,000, or about 0.5 percent of the German population.<sup>8</sup> Although an elaborate legal-medical system was created to make sterilization decisions, including review boards staffed with physicians and lawyers, the findings in favor of sterilization were both arbitrary and subjective. The majority of sterilization decisions involved those classified as suffering from "congenital feeble-mindedness," what we would today call retardation.<sup>9</sup> This category was the most flexible; inclusion was determined as much by social criteria as by medical findings.<sup>10</sup>

We are here concerned with the means employed to discover the individuals subject to sterilization. Although some statistics were available – for example, of those committed to institutions or attending special schools – no national register of persons supposedly suffering from hereditary diseases existed in 1933.

The authorities thus had to rely on reports and denunciations. Their number was enormous in the beginning: 388,400 during 1934-1935. Of these, 21 percent were reported by physicians of the public health service, 20 percent by other physicians, and 35 percent by directors of institutions; only 20 percent came from the public. As many heads of institutions (hospitals and schools) were also physicians, almost three quarters of all denunciations came from the medical profession.<sup>11</sup>

The German state could rely on a vast network of local health offices, with overall control centralized in the Reich Ministry of Interior.<sup>12</sup> There Dr. Arthur Gütt headed Department IV concerned with public health while Dr. Herbert Linden ran the section within the department that governed state hospitals and nursing homes.<sup>13</sup> Both Gütt and Linden were leaders of the eugenic movement and had been co-authors of the leading handbooks on eugenic and racial legislation.<sup>14</sup> In 1939 the ministry reorganized. Dr. Leonardo Conti was appointed as the ministry's third state secretary with overall responsibility for national health. Gütt retired on disability and was replaced as head of Department IV by Dr. Fritz Cropp. Linden's section became a sub-department concerned with heredity and race; somewhat later he was also appointed Reich Plenipotentiary for Mental Hospitals and Nursing Homes.<sup>15</sup>

This central administration directed the public health offices in the federal states and Prussian provinces. Although under Nazi rule the states and provinces had lost their earlier autonomy, they were retained as administrative units and, as long as they did not contravene national commands, could implement policies on their own initiative. Through the health departments in the state and provincial ministries the Berlin bureaucracy could pass on their directives to the local public health officers (*Amtsärzte*) as well as to hospitals and all other institutions involved in national health.<sup>16</sup>

The preeminence of the civil service in matters of national health did not go unchallenged. The Nazi party offices concerned with heredity, race, and national health, headed by the Reich Physician Leader, Dr. Gerhard Wagner, contested the dominance of the civil service.<sup>17</sup> But the civil service won this battle when Wagner died in 1939, because Leonardo Conti, who succeeded Wagner as Reich Physician Leader, was also appointed State Secretary for Health.<sup>18</sup>

The collection of data by the health authorities under the sterilization law was only the beginning. The next step was the passage of the so-called marriage law, promulgated in 1935, only one month after the Nuremberg racial laws.<sup>19</sup> It required permission from the public health offices for all marriages, and every person had to obtain prior to marriage a certificate from the public health service that offspring would be genetically sound. Marriages deemed detrimental to the hereditary health of the nation were prohibited. It excluded from marriage a group even larger than that affected by the sterilization law.<sup>20</sup> 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 (*erbbiologische Bestandsaufnahme*).<sup>21</sup>

First came the scientists. Anthropologists, psychiatrists, and geneticists, usually financed by the German Research Foundation, covered the nation to study the hereditary health of twins, families, and small communities. Thus Dr. Robert Ritter and his assistants investigated Gypsy families while Professor Otmar von Verschuer and his students studied various families suffering from common hereditary diseases.<sup>22</sup> But the public health authorities did not lag behind. Although the war eventually prevented the establishment of a total inventory, the public health offices created special departments for the creation of central files on the hereditary health of the entire population of their region.<sup>23</sup>

The coming of the war made the implementation of the most radical eugenic policies possible. The demand that institutionalized patients suffering from hereditary diseases be killed had first been advocated in 1920. Such eugenic killings were called “destruction of life unworthy of life,” but the euphemism mercy killing, that is, “euthanasia,” was also used.<sup>24</sup> But even the Nazi regime did not at first dare to execute such a radical policy. The attack on the handicapped during the 1930s thus involved only compulsory sterilization, unremitting propaganda, and a consistent reduction of all expenditures.<sup>25</sup> This was, however, only the beginning. Already in 1935 Adolf Hitler had told Gerhard Wagner that if war came he would implement the killing of the handicapped.<sup>26</sup>

Nazi genocide started in the winter of 1939-1940 with the murder of the handicapped.<sup>27</sup> The logical agencies to administer this killing operation were either the Reich Ministry of Interior or the SS and police. But Hitler did not want to involve the state bureaucracy and thus did not give this job to Leonardo Conti; he also did not want to involve the Nazi party and thus did not give it to Heinrich Himmler. To maintain secrecy and to isolate state and party from possible public reactions, Hitler commissioned Dr. Karl Brandt, his attending physician, and Philipp Bouhler, the chief of his private chancellery, the *Kanzlei des Führers*, to implement the killing program.<sup>28</sup>

Although Brandt and Bouhler consulted with Hitler and made overall policy decisions, it was the chancellery official Viktor Brack who designed and directed the euthanasia killing program.<sup>29</sup> Brack and his chancellery staff created a complex system of front organizations to hide their involvement. Masquerading as private charitable foundations, these fronts operated out of a confiscated Jewish villa at Tiergarten Strasse 4, and the program was thus commonly known as T4.<sup>30</sup> Brack recruited administrators and physicians to evolve the method of selecting the victims. They in turn recruited the physicians, nurses, policemen, and workers needed to record, transport, and kill the victims. For the killing of infants and small children T4 installed numerous so-called children's wards at hospitals throughout Germany; there physicians and nurses killed by

administering an overdose of common medications.<sup>31</sup> But for the killing of the larger number of adults T4 created six killing centers at Brandenburg, Grafeneck, Hartheim, Sonnenstein, Bernburg, and Hadamar, which were to serve as prototypes for the larger extermination camps later established in the East.<sup>32</sup> Each center was equipped with a carbon monoxide gas chamber to kill the victims and a crematorium to dispose of the corpses.<sup>33</sup> And in these centers the T4 staff developed the technique of mass murder that would be applied later in the camps in the East.<sup>34</sup>

Although the staff T4 had collected could select and kill their victims, they needed a government agency with the authority to assemble the pool of victims. This job was undertaken by the Reich Ministry of Interior. There Dr. Herbert Linden served as the official contact between the ministry and T4. The Department of National Health issued decrees, collected data, and supplied resources. In August 1939 the ministry issued a decree, which was not published, entitled "Requirement to Report Deformed etc. Newborn" (*Meldepflicht für mißgestaltete usw. Neugeborene*).<sup>35</sup> It directed all physicians and midwives to report all infants, as well as all children below the age of three, born with certain specified medical conditions. The data thus collected was handed to T4, which on the basis of these reports selected those to be transferred to children's wards for killing. The ministry ordered the transfers and if needed applied pressure on recalcitrant parents to comply.<sup>36</sup>

This simple method could not be applied for the killing of handicapped adults. A complete registry of persons suffering from hereditary diseases was not yet available and, even had it been available, it would not have been feasible to remove such persons from their homes. Public opinion would not have accepted it. Thus the killing of handicapped adults had to be restricted to those already institutionalized. But detailed information about these institutionalized patients was not available either, and T4 therefore had to initiate a large-scale process of registration.

The process started when the Reich Ministry of Interior in September 1939 issued a decree entitled "Registration of Mental Hospitals and Nursing Homes" (*Erfassung der Heil- und Pflegeanstalten*). The decree stipulated that all state and provincial administrations provide a complete listing of all institutions – state hospitals as well as old age and nursing homes – in their geographic area holding "mental patients, epileptics, and the feeble-minded." The listing was to include all public, charitable, religious, and private institutions, and it was to provide their name, address, affiliation, and also size as measured by the number of patients that it could accommodate.<sup>37</sup> Thereafter the ministry sent to each institution a questionnaire requesting specific information about the institution itself: size of land and number of buildings, number of staff, number of patients, number of patients committed for criminal offenses, number of Jewish patients, and exact location with distance to transportation.<sup>38</sup> This questionnaire was

designed to help T4 decide how to include the institution concerned in the killing operation; from it the T4 managers could learn the number of patients involved, the legal status of the patient population, and the difficulties transport might pose.

Following this, each institution received packets of one-page registration forms, one for each patient. Each had to be completed by a physician, and asked for name, date of birth, citizenship, race, length of time in institution, names of nearest relatives and whether they visited on a regular basis, name and address of guardian and of those responsible for payments, and whether committed as criminally insane. Further, there was a very small space provided for diagnosis, and an equally small space for the type of work the patient could and did do.<sup>39</sup> After a certain period of practical experience with these forms, the ministry issued a slightly revised one-page registration form. Added questions concerned the marital status and religion of the patient, original date of illness, whether previously in other institutions, whether a twin, and whether any blood relatives were insane. Further, the revised form asked for more detailed information about diagnosis, symptoms, therapy; it also demanded more information about the kind of work the patient does, and whether discharge from the institution is imminent.<sup>40</sup>

These forms were used by the T4 physicians to select persons for the killing operation. Following the established guidelines, their life-and-death decisions were based only on these forms and they never examined the patients.<sup>41</sup> Once the decision was made, the selected persons were transported from their institution to one of the six killing centers and there gassed and cremated. But as this process had to remain secret, the T4 bureaucracy generated a vast amount of fraudulent paperwork. T4 occupied a large pool of secretaries to write form letters to relatives providing false information about the date, place, and cause of death.<sup>42</sup>

The most elaborate subterfuge involved handicapped Jewish patients who were collected at several hospitals serving as assembly centers and from there transported to their death during summer and fall 1940.<sup>43</sup> The destination officially provided for these transports was the Government General of Poland and, although they never reached Poland, fraudulent letters informed the relatives that they had died at the Chelm mental hospital in the Lublin region.<sup>44</sup> This deception was so successful that it was not even uncovered at Nuremberg, was accepted by most postwar historians, and continues even today to mislead researchers.<sup>45</sup> In fact, these Jewish patients, the first Jewish victims of Nazi genocide, were all murdered in the T4 killing centers located inside the borders of the German Reich.<sup>46</sup>

## NOTES

*Author's note:* This contribution is based on a paper presented at the Annual Meeting of the Pacific Coast Branch of the American Historical Association, Hawaii, 1991.

1. See Helmut Krausnick und Hans-Heinrich Wilhelm, *Die Truppe des Weltanschauungskrieges: Die Einsatzgruppen der Sicherheitspolizei und des SD 1938-1942* (Stuttgart, 1981).
2. See Wolfgang Scheffler, "The Forgotten Past of the 'Final Solution': The Liquidation of the Ghettos," *Simon Wiesenthal Center Annual* 2 (1985): 31-51.
3. For the laws and decrees issued concerning the handicapped, 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)"; for those issued concerning Jews, see Joseph Walk (ed.), *Das Sonderrecht für die Juden im NS-Staat: Eine Sammlung der gesetzlichen Massnahmen und Richtlinien – Inhalt und Bedeutung* (Heidelberg and Karlsruhe, 1981); for those issued concerning Gypsies, see the collection in Staatsanwaltschaft (StA) Hamburg, "Akten des Verfahren gegen Dr. Ruth Kellermann u.A.," file number 2200 Js 2/84.
4. See Götz Aly and Karl Heinz Roth, *Die restlose Erfassung: Volkszählen, Identifizieren, Aussondern im Nationalsozialismus* (Berlin, 1984).
5. See Benno Müller-Hill, *Tödliche Wissenschaft: Die Aussonderung von Juden, Zigeunern und Geisteskranken, 1933-1945* (Reinbek bei Hamburg, 1984); English edition: *Murderous Science: Elimination by Scientific Selection of Jews, Gypsies, and Others, Germany, 1933-1945*, trans. George R. Fraser (Oxford, 1988). See also Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill, 1995).
6. "Gesetz zur Verhütung erbkranken Nachwuchses" (*Reichsgesetzblatt [RGBl]* 1933, 1:529). English translation in Control Commission for Germany (British Element), "Translation of Nazi Health Laws," 1-5.
7. For a discussion of the categories defined as hereditary diseases, see the semi-official handbook Arthur Gütt, Ernst Rüdin, and Falk Ruttke, *Gesetz zur Verhütung erbkranken Nachwuchses vom 14. Juli 1933 nebst Ausführungsverordnungen, bearbeitet und erläutert* (Munich, 1936), 119ff.
8. For a good summation and evaluation of all surviving statistics on sterilizations, see Gisela Bock, *Zwangssterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik* (Opladen, 1986), 230ff.
9. Statistics were kept by the Reich Ministry of the Interior (RMdI), but only for the early 1930s; other sources indicate, however, that the proportions did not change radically thereafter. See Bundesarchiv Koblenz (BAK), Record Group R18, file 5585: "Übersicht über die Durchführung des Gesetzes zur Verhütung erbkranken Nachwuchses."
10. See sample intelligence tests in BAK, R18, file 5585; Dokumentationsarchiv des Österreichischen Widerstandes Vienna (DÖW), file 1862; Allgemeines Verwaltungsarchiv Vienna (AVA), Record Group Reichskommissar für die Wiedervereinigung Österreichs mit dem Deutschen Reich (Akte Josef Bürckel), file 2354.
11. Bock, *Zwangssterilisation*, 230ff.
12. For the 1934 law that created a unified national system of public health offices, see Aly and Roth, *Die restlose Erfassung*, 100.
13. "State hospitals and nursing homes" is the best translation of *Heil- und Pflegeanstalten*, a creation in the early part of this century by the reform movement designed to transform insane asylums into modern hospitals that would both attempt cures and provide long term nursing care. Patients in these institutions were not only those suffering from mental disorders but also those with severe physical disabilities and physical ailments like epilepsy, as well as senile and retarded persons.
14. See, for example, Arthur Gütt, Herbert Linden, and Franz Maßfeller, *Blutschutz- und Ehegesundheitsgesetz: Gesetz zum Schutze des deutschen Blutes und der deutschen Ehre*

*und Gesetz zum Schutze der Erbgesundheit des deutschen Volkes nebst Durchführungsverordnungen sowie einschlägigen Bestimmungen, dargestellt, medizinisch und juristisch erläutert*, 2nd ed. (Munich, 1937).

15. BAK, R18, files 3356, 3672, and 5583.
16. See, for example, DOW, file E19198: Memo on meeting of public health officers in Austria, October 1938. A good example of close cooperation between Berlin and a state government is the collaboration between Linden in the Reich Ministry of Interior and the health officer in the Württemberg Ministry of Interior, Dr. Otto Mauthe. See Hauptstaatsarchiv (HStArch) Stuttgart, Record Group J 355, file Bü 252; Staatsarchiv (StArch) Sigmaringen, Record Group Wu 29/3, Acc. 33/1973, file 1752 (Mauthe Trial). See also Nuremberg Doc. PS-3896: affidavit Dr. Ludwig Sprauer, chief public health officer in the state of Baden. He describes himself as a subordinate of the Reich Ministry of Interior.
17. For the conflict, resolved by Hitler, between Wagner and Gütt concerning the sterilization law, see BAK, R18, file 5585: Wagner to Hitler, 29 May 1937, with an attached 46-page memorandum; *ibid.*: "Vorläufige Stellungnahme zu den Ausführungen des Reichsärztesführers Dr. Wagner" (40-page memorandum); *ibid.*: "Ergebnis des Vortrages beim Führer am 14. Juni 1937 in Gegenwart von Reichsleiter Bormann"; *ibid.*: correspondence between Lammers, Pfundtner, and Wagner, 1937-1938; and AVA, Bürckel Akte, file 2354: correspondence concerning implementation of the sterilization law in Austria.
18. On Conti, see Berlin Document Center (BDC), file Leonardo Conti.
19. "Gesetz zum Schutze der Erbgesundheit des deutschen Volkes" (*RGBl* 1935, 1:1246); English translation in Control Commission for Germany (British Element), "Translation of Nazi Health Laws," 33-4.
20. See Gerhard Friese, *Das Ehegesundheitsgesetz*, Schriftenreihe des Reichsausschusses für Volksgesundheitsdienst no. 17 (Berlin, 1938), 9-12 (copy in AVA, Bürckel Akte, file 2354).
21. See Aly and Roth, *Die restlose Erfassung*, 96ff.
22. On Ritter, see BAK, R73, file 14005: Ritter to Deutsche Forschungsgemeinschaft (DFG), 2 Feb. 1938, 22 Feb. 1939, 25 June 1940; Ritter report to DFG and Reichsforschungsrat, 31 Jan. 1944. On Verschuer, see *ibid.*, R73, file 15341: Verschuer to DFG, 20 Feb. 1936; DFG to Gütt, 2 Mar. 1936; *ibid.*, file 15342: Verschuer to DFG, 30 Sept. 1938, with attached report; Verschuer to DFG, 9 Mar. 1939, Verschuer to Reichsforschungsrat, 27 Sept. 1943. Record Group R73 contains the files up to 1945 of the German Research Foundation (*Deutsche Forschungsgemeinschaft*, or DFG), which continued after the war as the leading foundation dispensing research funding in all fields. The DFG files, including those on the grants to Verschuer's student Josef Mengele, were first discovered in the German federal archives by Benno Müller-Hill.
23. See, for example, the description of "Gruppe 4, Erbbiologische Bestandsaufnahme" of the Vienna public health office, in DOW, E19198: Gemeindeverwaltung des Reichsgaues Wien to Dr. Hermann Hans Vellguth, Leiter der Gruppe Gesundheitsverwaltung, 2 December 1940.
24. Karl Binding and Alfred Hoche, *Die Freigabe der Vernichtung lebensunwerten Lebens: Ihr Maß und Ihre Form* (Leipzig, 1920).
25. BAK, R36, file 881: "Verpflegungskosten in Heil- u. Pflegeanstalten," 28 February 1939. See also Angelika Ebbinghaus, "Kostensenkung, 'Aktive Therapie' und Vernichtung," in *Heilen und Vernichten im Mustergau Hamburg: Bevölkerungs- und Gesundheitspolitik im Dritten Reich*, ed. Angelika Ebbinghaus, Heidrun Kaupen-Haas and Karl Heinz Roth (Hamburg, 1984), 136-46.
26. United States Military Tribunal, Official Transcript of the Proceedings in Case I (Medical Case), U.S. vs. Karl Brandt et al., p. 2482 (testimony of Dr. Karl Brandt). See also Generalstaatsanwalt (GStA) Frankfurt, Anklageschrift gegen Werner Heyde, Gerhard Bohne, und Hans Hefelmann, Ks 2/63 (GStA) [Js 17/59 (GStA)], 22 May 1962, 40.
27. For the best brief account of the decision, planning, and implementation of euthanasia, see GStA Frankfurt, Anklage Heyde, Bohne und Hefelmann, Ks 2/63 (GStA) [Js 17/59 (GStA)],



- 22 May 1962; and StA Hamburg, Anklageschrift gegen Friedrich Lensch und Kurt Struve, 147 Js 58/67, 24 Apr. 1973. See also Friedlander, *Origins of Nazi Genocide*, chaps. 3 and 4; and Ernst Klee, "Euthanasie" im NS-Staat: Die "Vernichtung lebensunwerten Lebens" (Frankfurt, 1983).
28. U.S. Military Tribunal, Case 1 Transcript, pp. 2668-69 (testimony of Hans Heinrich Lammers), 2396, 2400-1 (testimony of Dr. Karl Brandt), 7555-57 (testimony of Viktor Brack). See also GStA Frankfurt, Anklage Heyde, Bohne, und Hefelmann, Ks 2/63 (GStA) [Js 17/59 (GStA)], 22 May 1962, 178ff.; GStA Frankfurt, Anklageschrift gegen Reinhold Vorberg und Dietrich Allers, Js 20/61 (GStA), 15 Feb. 1966, 21-2.
  29. On policy decisions by Brandt and Bouhler and their consultation with Hitler, see U.S. Military Tribunal, Case 1 Transcript, p. 2413; Zentrale Stelle der Landesjustizverwaltungen Ludwigsburg (ZStL), Heidelberg Documents 127,398-127,401: "Entscheidungen der beiden Euthanasie-Beauftragten hinsichtlich der Begutachtung, Berlin, 30 January 1941," and "Entscheidungen der beiden Euthanasie-Beauftragten hinsichtlich der Begutachtung (unter "Einbeziehung der Ergebnisse der Besprechung in Berchtesgaden am 30.3.1941)." On Brack, see BDC, file Viktor Brack.
  30. See Landesarchiv (LA) Berlin, Bauakten, Tiergartenstraße 4: "Zeichnung T4 zum Neubau eines Wohnhauses sowie eines Bureaugebäudes auf dem Grundstück Thiergartenstraße No. 4 Herrn Banquier Weissbach gehörig."
  31. GStA Frankfurt, Anklage Heyde, Bohne, und Hefelmann, Ks 2/63 (GStA) [Js 17/59 (GStA)], 22 May 1962, 147ff.; StA Hamburg, Anklage Lensch und Struve, 147 Js 58/67, 24 Apr. 1973, 154. See also National Archives and Records Administration (NARA), Record Group 238, Microfilm Publication M-1019, Records of the U.S. Nuernberg War Crimes Trials, Interrogations, 1946/1949, Roll 52: Interrogation of Dr. Hermann Pfannmüller, 21 Sept. 1946, 23-4. See also Friedlander, *Origins of Nazi Genocide*, chap. 3.
  32. GStA Frankfurt, Anklage Vorberg und Allers, Js20/61 (GStA), 15 Feb. 1966, 55-8; GStA Frankfurt, Anklage Heyde, Bohne, und Hefelmann, Ks 2/63 (GStA) [Js 17/59 (GStA)], 22 May 1962, 261-87; StA Hamburg, Anklage Lensch und Struve, 147 Js 58/67, 24 April 1973, 201-31. See also Friedlander, *Origins of Nazi Genocide*, chap. 5.
  33. U.S. Military Tribunal, Case 1 Transcript, p. 7652 (testimony of Viktor Brack). On *Brandenburg*, see GStA Frankfurt, Anklageschrift gegen Aquilin Ullrich, Heinrich Bunke, Kurt Borm, und Klaus Endruweit, Js 15/61 (GStA), 15 Jan. 1965, 175ff. On *Grafeneck*, see GStA Frankfurt, Anklageschrift gegen Horst Schumann, Js18/67 (GStA), 12 Dec. 1969, 79-80, 83; StArch Sigmaringen, Record Group Wü 29/3, Acc. 33/1973, file 1752: StA Tübingen, Anklageschrift gegen Otto Mauthe, 1 Js 85-87/47, 4 Jan. 1949, 12v-13. On *Hartheim*, see Archiv und Museum Mauthausen, Vienna (AMM), B/15/3: Auszug aus der Pfarrerchronik Alkoven; *ibid.*, file 14900: StA Linz, Anklage Anna Griessenberger, 3 St 466/46, 28 July 1947, 3; *ibid.*, file 11440: StA Linz, Anklageschrift gegen Franz Stangl, Karl Harrer, Leopold Lang, und Franz Mayrhuber, 3 St 466/46, 24 Apr. 1948, 5. On *Sonnenstein*, see GStA Frankfurt, Anklage Schumann, Js18/67 (GStA), 12 Dec. 1969, 84ff.; and GStA Frankfurt, Anklage Ullrich, Bunke, Borm und Endruweit, Js 15/61 (GStA), 15 Jan. 1965, 211. On *Bernburg*, see GStA Frankfurt, Anklage Kaufmann, Js 16/63 (GStA), 27 June 1966, 29; GStA Frankfurt, Anklage Ullrich, Bunke, Borm, und Endruweit, Js 15/61 (GStA), 15 Jan. 1965, 186-9. On *Hadamar*, see Hessisches Hauptstaatsarchiv Wiesbaden (HHStA), 461/32061/13: StA Frankfurt, Anklage Adolf Wahlmann, Irmgard Huber, 4a Js 3/46, 2 Aug. 1946; and *ibid.*, 461/32061/7: LG Frankfurt, Verfahren Adolf Wahlmann, Bodo Gorgaß, Irmgard Huber, 4a Ks 7/47 (4a Js 3/46), Protokoll der öffentlichen Sitzung der 4. Strafkammer.
  34. See Friedlander, *Origins of Nazi Genocide*, chap. 14. For the technique applied in the euthanasia killings, see DOW, file E18370/3: Kriminalpolizei Linz, Interrogation Vinzenz Nohel, 4 Sept. 1945. For the killing technique applied in the camps of Operation Reinhard, see LG Hagen, Urteil gegen Karl Frenzel, 11 Ks 1/64, 4 Oct. 1985, 98-104 (Sobibor Trial).
  35. BAK, R18, file 5586: Reich Ministry of Interior *Runderlaß*, signed by State Secretary

- Wilhelm Stuckart, 18 Aug. 1939. For a sample reporting form, attached to the decree, see LA Berlin, Record Group Rep. 214, Acc. 2740, files 154-55, and AVA, Brckel Akte, file 2350. In 1940 an improved form replaced the first one. See StA Hamburg, Anklage Lensch und Struve, 147 Js 58/67, 24 Apr. 1973, 114-6.
36. HHStA, 461/32442/4: interrogation of Frankfurt public health officer, 22 Jan. 1947; *ibid.*, 461/32442/1: interrogation of hairdresser E. G., 3 Oct. 1945; GStA Frankfurt, Anklage Heyde, Bohne, und Hefelmann, Ks 2/63 (GStA) [Js17/59 (GStA)], 22 May 1962, 110-5; *ibid.*, 100-4: text of Reich Ministry of Interior *Runderlaß*, signed by State Secretary Leonardo Conti, 20 Sept. 1941.
37. GStA Frankfurt, Sammlung Euthanasie: Reich Ministry of Interior *Runderlaß*, 21 Sept. 1939. See also, for example, the response of the city state of Hamburg, in StA Hamburg, Verfahren 147 Js 58/67, Gesundheitsbehörde, Vol. 1: Verzeichnis der Heil- u. Pflegeanstalten zum *Runderlaß* des Reichsministers des Innern vom 21. September 1939.
38. For a facsimile example of this questionnaire, see StA Hamburg, Verfahren 147 Js 58/67, Gesundheitsbehörde Vol. 1.
39. For a facsimile example of this registration form, see GStA Frankfurt, Anklage Vorberg und Allers, Js20/61 (GStA), 15 Feb. 1966, 62.
40. For a facsimile example of the revised registration form, see DOW, file 18229; and StA Hamburg, Verfahren 147 Js 58/67, Gesundheitsbehörde Vol. 1.
41. U.S. Military Tribunal, Case 1 Transcript, p. 1908 (testimony of Dr. Friedrich Mennecke); GStA Frankfurt, Anklage Heyde, Bohne, und Hefelmann, Ks 2/63 (GStA) [Js17/59 (GStA)], 22 May 1962, 346-7.
42. See DOW, file E18370/3: Gemeindeamt Alkoven to Anstalt Niedernhart, 24 May 1946; *ibid.*, file 18229: postcard from Anstalt Sonnenstein concerning patient Anna Stroitz; GStA Frankfurt, Sammlung Euthanasie: Standesbeamte Grafeneck to Landrat Münsingen, 11 Apr. 1940; ZStL, Vol. 513: Anstalt Sonnenstein to Adolf Wächtler, 2 Aug. 1940; HHStA, 461/32061/18: Hadamar death certificate of Maria Hedwig Schramm, died 31 May 1941; *ibid.*, 461/32061/19: Bernburg death certificate of Günter Josef Heun, died 16 Feb. 1941; *ibid.*, 461/32061/7: LG Frankfurt, Protokoll der öffentlichen Sitzung im Hadamar Prozeß, 4a KLS 7/47, 3 Mar. 1947, 18 (testimony of Paula Siegert), 2 (testimony of Margot Schmidt).
43. The following hospitals served as major assembly centers: Buch (Berlin), Langenhorn (Hamburg), Egling-Haar (Munich), Am Steinhof (Vienna), Wunstorf (Hanover).
44. See, for example, DOW, file 4608, correspondence between Flora Tauber, Vienna, and Chelm.
45. On this deception at the Nuremberg trials, see U.S. Military Tribunal, Case 1 Transcript, pp. 7616-19, 7621 (testimony of Viktor Brack). For one example of how an historian accepted this deception, see Raul Hilberg, *The Destruction of the European Jews* (Chicago, 1961), 292. For a current example of confusion, see Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York, 1986), 513, note 81.
46. See Friedlander, *Origins of Nazi Genocide*, chap. 13.