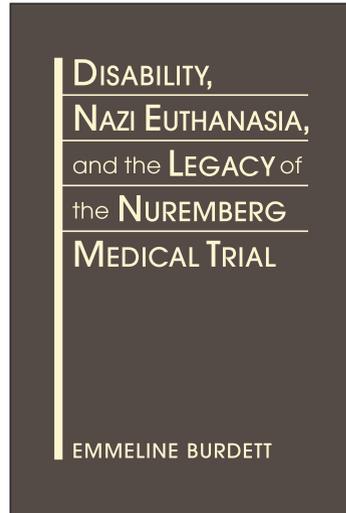


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Disability,
Nazi Euthanasia,
and the Legacy of
the Nuremberg
Medical Trial

Emmeline Burdett

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1

Disability Studies and Holocaust Studies: Exploring the Link

At no point does the French historian Pierre Nora's project consider the place of ethnic or other minorities in this memory landscape; his is an entirely majoritarian model of national memory.

Susanne C. Knittel,
The Historical Uncanny

In March 2015, scholars David Mitchell and Sharon Snyder led a group of their students from George Washington University on a ten-day visit to Germany. According to a blog the students wrote, the purpose of the trip was “to examine the medical mass-murder of disabled people in psychiatric institutions from 1939–1945. The killings led directly to the murder of 6 million Jewish, Roma/Sinti and Gay people in the Holocaust.”¹

Why did Mitchell and Snyder take their students to Germany? The obvious answer is that they felt that the visit would contribute a great deal to their students' understanding of the subject. However, the fact that the students' blog makes an explicit link between the mass murder of disabled people and the wider Nazi genocide indicates that there was more to it than that. Indeed, further entries in the blog show that they studied this particular mass murder in such detail because they regarded it as a seminal event—one that was important in its own right, but that also remained deeply relevant due to the questions that it continued to raise about such issues as ethics, the nature of identity, the nature of genocide, the purpose of memorialization, and the position of disabled people in developed Western countries today. These are the same questions that this book addresses, but specifically from the perspective of the legacy of the Nuremberg Medical Trial (NMT): the 1946–1947 US

trial at which the main perpetrators of the mass killing of asylum patients were (supposedly) prosecuted. I argue that the trial's failure to condemn the murder of asylum patients—which was in sharp contrast to its evident disgust at the performance of vivisection on concentration camp inmates, the other focus of the NMT—has had catastrophic consequences for subsequent Anglo-US debates about euthanasia. I also argue that this initial failure might not have been quite so devastating had it not been compounded by Anglo-US historians, whose preoccupation with the protests against the mass killing of asylum patients successfully obscured every detail of the killings themselves and held study of them back for decades.

This situation is changing extremely slowly, but in recent years the Nazis' so-called euthanasia program is an issue that has been taken up mainly by politically active disabled people, who are often principally interested in discussing its meaning among themselves and using it for political ends, rather than in researching it and disseminating the results of any research. It must be said that this phenomenon has only been encouraged by the unfortunate experiences of disability activists like Nabil Shaban and Liz Crow, whose creative work seeking to draw attention to the Nazi euthanasia program has in some quarters been met with indifference. I therefore argue that the NMT's failure has meant that those who want to invoke the Nazi analogy in relation to any bioethical development, toleration of euthanasia, or poor treatment of disabled citizens by their own governments have every reason to do so. At the same time, those who deny that the analogy could possibly be apposite to any contemporary situation seem at the very least to deny the importance that others (such as Mitchell and Snyder and their students) place on it. And yet, such importance is not placed on this aspect of the Nazi genocide by society at large. The way that the Nazi analogy is now used regarding euthanasia and related questions in some respects mirrors the way that, after 1945, the question of eugenics was separated from that of genocide. The scholar Susanne Knittel has observed:

After the war, eugenics became divorced as an exclusively medical issue from the discourse on the Holocaust. The failure to acknowledge the international hegemony of the eugenics movement and its role in the trajectory that led to the persecution and extermination of ethnic, social, and sexual minorities during the Holocaust has allowed eugenics to pass as a historical aberration. . . . Essentially, the implication of this division

was that the extermination of Jews, Communists, homosexuals, Sinti, and Roma as well as the medical experiments conducted in the camps constituted war crimes and crimes against humanity, whereas the domestic coercive sterilization and extermination of Germans with disabilities did not. Because eugenics as a mode of thinking was so widespread on either side of the Atlantic, and all governments were, to a greater or lesser extent, engaged in considerations along similar lines regarding the health of the nation, it was easier to condemn the Holocaust as an aberration than to confront the obvious links to their own eugenic policies and practices.²

The idea that the Nazi genocide of the Jews is important to Western culture is a more accepted part of Western thought. Though this idea took time to establish itself, it is still considerably older than the belief that the Nazi euthanasia program and the way it was prosecuted is of enduring ethical importance. In 1976, Peter Steinfels, the head of US bioethical institute the Hastings Center, wrote: “Reasoning and argument often seem less conclusive in determining our ethical positions than certain basic or formative experiences. For our culture as a whole . . . no events loom so large . . . as the actions of the Third Reich in the Europe of 1933–45.”³ While recognizing that this had become a phenomenon, Steinfels acknowledged that not everyone welcomed it. He mentioned “a young Jewish professor of philosophy” who, he said, “commented bitterly that if there had not been a Hitler, we would have had to invent one. To him the use of the suffering of Hitler’s victims as examples by which to resolve our own moral dilemmas was but a final insult.”⁴

Since Steinfels wrote this, the situation has only become more pronounced, and, perhaps inevitably, an element of “keeping up with the Joneses” has crept in. If one wants to draw special attention to a particular atrocity, one calls it a holocaust and encourages others to do likewise. The result is that the Irish Potato Famine has become known as the Irish Holocaust, the transatlantic slave trade is often now referred to as the Black Holocaust, and so on. In 2010, the British historian David Olusoga coauthored a book entitled *The Kaiser’s Holocaust: Germany’s Forgotten Genocide and the Colonial Roots of Nazism*. By referring to Germany’s systematic slaughter of the Herero and Nama people of present-day Namibia (which took place between 1904 and 1908 as a brutal response to a colonial uprising) as a holocaust, Olusoga and his coauthor were doing three things: (1) suggesting that this had been a

pilot scheme for the later Nazi genocide; (2) suggesting that there was moral equivalence between the two atrocities; and (3) using the word *holocaust* to draw attention to the genocide because of the apparent belief that other terms denoting mass killing were not sufficiently graphic. Olusoga continued this theme some years later during a radio interview about the genocide when he took pains to emphasize that cattle trucks had been used to take the victims away—as though cattle trucks were a necessary component of genocide. In addition, Chief Kuaima Riruako of the Herero was quoted in 2001 as saying: “We’re equal to the Jews who were destroyed. The Germans paid for spilled Jewish blood. Compensate us, too. It’s time to heal the wound.”⁵

Chief Riruako’s comment raises the question of what *equal* means in this context: Does it mean that losses must be numerically alike before they can be treated in a similar way, or does treating them as different (even though they are different) risk the accusation that one is taking one more seriously than another? Also, might a preoccupation with percentages of people killed lead to a rather ghoulish situation in which atrocities are scrutinized to see exactly how one should react to them? In the case of the Nazi euthanasia program, there are additional problems, mainly regarding the extent to which disabled people are seen (both by others and by themselves) as constituting a distinct minority.

The Nazi Analogy as a Weapon

So, aspects of the Nazi genocide have become weaponized, in the sense that they are being used not necessarily to increase knowledge, but out of an idea that referring to the Nazi genocide is a good way to get attention. This may have been the kind of thing that drove Peter Steinfels’s “young Jewish professor of philosophy” to despair, and the use of the word *holocaust* to draw attention to particular atrocities is something that I will return to in this book. I will also argue that the uses of the Nazi analogy made by disability groups and activists is a slightly different, but related, issue. While describing the Irish Famine as the Irish Holocaust is a move designed to increase the importance of the famine in the eyes of society at large, using the Nazi analogy in relation to matters of disability is often something that disability activists discuss among themselves. In this regard, although we will see that activists such as Liz Crow and Nabil Shaban use the term “the Disabled Holocaust,” it is a moot point whether their intention has been to influence society at large or simply “the disability community.”

I will argue that the result of this has been that the Nazi euthanasia program has acquired the status of a foundation myth, in which it is often referred to but in a way not treated as real.

These moral issues have been in some respects bypassed by the tendency of disability activists to refer to the victims of the Nazi euthanasia program as “we.” This tendency means that moral issues must be considered only in terms of what other people do, because if you are the victims (or at least their modern representatives), how can any use you make of the program be wrong? This tacitly encourages the idea that disabled people as a group have always been helpless and vulnerable. This seems less an attempt to understand history and more an abdication of responsibility, in the sense that victimhood often seems to have a politically useful implied association with inherent virtue. Insisting that one condition (disabled people as innocent victims) has always been the case makes it virtually impossible to identify when it is and when it is not. For example, in a later chapter I consider the British Conservative government’s austerity measures and benefit “reforms,” which, according to the United Nations, “totally ignored the vulnerable position that disabled people found themselves in.”⁶ This “vulnerable position” was undoubtedly why, in 2016, the disabled British actress Liz Carr told the Labour Party Conference that the government’s drive to get disabled people into work reminded her of “Arbeit Macht Frei” (work makes you free)—the infamous sign on the gates of Auschwitz. In this respect, Carr was reacting to the powerlessness of her group by using the Nazi analogy as a weapon, regardless of whether it was appropriate to do so. This is more fully discussed in Chapter 7, but for now, suffice to say that historical research is casting doubt on the idea that disabled people have always been the helpless victims of others’ machinations.

I was intrigued by an exhibition I read about on views of disability in premodern Germany. The curator of the exhibition (which took place in Bremen in 2012) wrote: “We put emphasis on countering popular misconceptions about the way embodied difference was dealt with at the time: No, suffering wasn’t generally seen as divine punishment, and ‘disabled’ persons weren’t necessarily abused and ostracized.”⁷ This was only a brief reference, and it would have been nice if the writer had had space to elaborate on it, as it suggests that attitudes to disability are not as all-or-nothing as many might like to think. It must be said, though, that many disability theorists cite the Industrial Revolution as being the period at which disability was specifically problematized, and the time period covered by the exhibition predates this.

Intellectual Origins of the Nazi Euthanasia Program

The origins of the Nazi euthanasia program are complex. Hitler had expressed his scorn for those he described as “visibly sick and hereditarily tainted” and argued, in his 1925 book *Mein Kampf* (*My Struggle*) that these people should not be allowed to procreate. Such a ban would be for the benefit of humanity as a whole: “If the capacity and the opportunity for procreation were denied to physical degenerates and mental cases for but six hundred years, it would . . . free humanity of an immeasurable misfortune.”⁸ Several years later, at a Nuremberg rally in 1929, he told the assembled crowds: “If Germany every year would have one million children and eliminate 700,000–800,000 of the weakest, the final result might be an increase in strength.”⁹

As Mitchell and Snyder have pointed out, Hitler’s pronouncements, both in *Mein Kampf* and at such places as the Nuremberg rallies, took place in a world in which the supposed benefits of eugenics were widely discussed at a supranational level. Eugenics, a theory developed by the British scientist Francis Galton, involved applying Charles Darwin’s theories of natural selection to humans. Galton was Charles Darwin’s cousin; his own work *Hereditary Genius* was published ten years after Darwin’s *On the Origin of Species*. In *Hereditary Genius*, Galton argued that the sons of men who were eminent in a certain field were more likely to achieve such eminence themselves than they would have been if they had not had such a parent. From this, he concluded that intelligence was genetically transmitted—that it was hereditary. There are several criticisms that one could make of this theory: the son of a great man might be driven by parental expectation; he would presumably not be subject to financial impediments; he would have before him an example of what to do and how to do it; he would know that doing it at all was a possibility; “he” would not be a “she” who was not expected to achieve anything; and so on. Galton’s theory seems to have much in common with other theories that work perfectly—as long as one ignores evidence that casts doubt on their truth. In any event, there is more than a passing similarity between Galton’s ideas and Hitler’s pronouncements about “the weak.” Both men suggest that society has various areas from which either problems or achievements emanate and that, by doing one’s best to eliminate the former while encouraging the latter, one can change society for the better. If “the weak” object to being eliminated for the greater good, that is irrelevant. If anybody objects on their behalf, that is also irrelevant.

While Darwin seems not to have been entirely happy with the direction in which Galton took his ideas, those ideas found favor in many quarters, not just in Britain, but internationally.¹⁰ The first International Eugenics Conference, held in London in 1912, was attended by 400 delegates from twelve countries. Concerns about the physical fitness of British volunteers for the Boer War of 1899–1902 led to the establishment in 1903 of a parliamentary committee on “national degeneration” and a Eugenics Record Office at University College London. Subsequently, the Mental Deficiency Act 1913 introduced IQ tests to identify “feeble-minded” children, who were then sent to special schools.¹¹

Thus far, though “the weak” were clearly not valued by eugenicists, discussion had involved containment and control, rather than elimination. The turning point was the Great War of 1914–1918. In both Britain and Germany, support for eugenics intensified due to a misperception that asylum inmates were enjoying a pampered existence while the cream of the country’s young men fought and died at the front. In fact, unsanitary conditions and insufficient nourishment caused the death rate to rise sharply in British asylums, and this occurred to an even more pronounced degree in Germany (and would continue there during the 1920s and into the 1930s).¹² The idea that institution inmates and other eugenics “candidates” failed a cost-benefit analysis became increasingly firmly established with the publication of Karl Binding and Alfred Hoche’s 1920 text, *Die Freigabe der Vernichtung lebensunwerten Lebens* (*Allowing the Destruction of Life Unworthy of Life*), which praised Captain Lawrence Oates’s decision, in 1912, to go out into an Antarctic blizzard and sacrifice himself because his severely frostbitten feet were slowing the progress of the other members of Robert Falcon Scott’s doomed expedition to the South Pole. What Binding and Hoche proposed for other people who, in their eyes, failed a cost-benefit analysis, was quite different, however, from Captain Oates’s decision to die. Writing about the recent war, Binding and Hoche declared that scarcity of resources meant that tough decisions needed to be made. They denied that one of these decisions had been the mass starvation of asylum inmates.¹³ But they clearly stated that there were some lives that were either of zero value or had a negative effect, and that ending these lives was not morally wrong.¹⁴ Binding and Hoche’s tract was extensively discussed, and in 1925, Ewald Melzer, the director of the Katharinenhof asylum in Saxony, published a rebuttal of it entitled *The Problem of Curtailment of Life Unworthy of Life*. It should be noted that Melzer’s own views on the subject were not particularly consistent; in fact, only 25 of the 250 patients in his asylum survived the Nazi euthanasia program.

The Rise of the Nazis

The years of the Weimar Republic in Germany saw a growing interest in “race hygiene.” This was a hyper-nationalistic ideology designed to protect “the race,” both by preventing relationships between Germans and non-Caucasians and by ensuring that a strong people were led by a strong leader.¹⁵ The attraction of this theory to the Nazis can be seen in the fact that, during the Nazi period, a chair in the subject was established at almost every university. Even in 1932, prior to Hitler becoming chancellor, more than forty courses on race hygiene were offered at German universities.¹⁶

The Nazis’ accession to power in 1933 gave them the opportunity to put theory into practice to a greater extent than was already happening. Five months after coming to power, the Nazis passed the Law for the Prevention of Hereditarily Diseased Offspring, which, by September 1, 1939, was responsible for the sterilization of about 375,000 people.¹⁷ Though the law was supposed to focus on hereditary conditions (i.e., those that could be transmitted to future generations), one definition of a “severe hereditary deformity” described it as “any condition of a sufficient degree to interfere with normal life and the capacity to earn a livelihood.”¹⁸

In addition, along with the apparent lack of understanding of the meaning of *heredity*, there were instances of people being turned down for sterilization because they belonged to the same professional class as those judging whether they should be sterilized, or because they were members of the Nazi Party.¹⁹ More lowly party members were not safe from sterilization, but neither did having been sterilized spell the end of their party careers or affiliation.²⁰ Patients who were already institutionalized were at greatest risk, and they also had the least possibility of being able to influence any decision that was reached. They were also most vulnerable to what was to come.

Nazi Propaganda Against Disabled People: Erbkrank

The 1936 Nazi propaganda film *Erbkrank (Hereditarily Ill)* gives a flavor of the justifications given for the introduction of the Law for the Prevention of Hereditarily Diseased Offspring. Since coming to power, the Nazis had produced a steady stream of propaganda against disabled people, portraying them as a useless waste of money or as potential criminals whose existence was the result of past fecklessness and who needed

to be eradicated for the health of the nation. Such propaganda mainly took the form of posters and propaganda films, such as *Erbkrank*, a twenty-minute silent film showing the residents of “an asylum for the incurably mentally ill” located “away from the bustle of everyday life.” The ways in which the residents are described gives a good overview of the grounds on which the Nazis sought to whip up public opinion against them. The film gives various telling descriptions.²¹

Alluring Landscape

When the asylum is first introduced, the film points to the “alluring landscape” in which it is situated. A constant theme of Nazi propaganda against disabled people was that asylum patients were living in luxury while hardworking families languished in poverty, and the audience of *Erbkrank* was repeatedly encouraged to compare these lavish surroundings with their own straitened circumstances:

- “One leaves healthy families in semi-derelict housing and dank courtyards, but one constructs palaces for the insane.”
- “The sums which have hitherto been expended upon the insane, who are incapable of a real life, would have provided the start-up housing capital for forty thousand poor families, rich in children.”
- “Hereditarily healthy families must live in badly lit and run-down slums.”

This supposed injustice was compounded by the “fact” that those who lived in these surroundings were incapable of appreciating them:

- “Palaces for the insane, who are totally oblivious to their surroundings.”
- “The majority are oblivious of their surroundings and of the passage of time.”

“Sexual Murder!”

Erbkrank strongly implied that all institution inmates were potential criminals, and it sensationalized the crimes that had allegedly been committed by the inmates portrayed in the film:

- “Notorious criminal from a flawed clan, previous convictions for pimping and sexual offences, multiple robberies and sexual murders, institutionalized in an asylum for the last twenty-nine years.”

- “Aided and abetted by his sister, this ‘mental patient’ committed the dastardly murder of his brother-in-law.”
- “Criminals go unpunished. Rather, they are maintained in an institution provided one can establish diminished responsibility.”
- “Feeble-minded thirty-year-old, with twelve previous convictions for theft and embezzlement.”
- “Forty-four-year-old epileptic, multiple sex murders.”
- “Foreign violent criminal.”

“Cost to Date 13,800RMs [Reichsmarks]”

One of the ideas that the Nazis were keenest to get across was that, as well as being criminals-in-waiting (if not actual criminals), institution inmates failed a cost-benefit analysis. *Erbkrank* showed endless footage of fit, healthy people engaged in various forms of “honest toil,” which was evidently intended to contrast sharply with the footage of institution inmates, particularly as the viewer was relentlessly informed how much the latter *cost*:

- “Acute case. Feeble-minded brother and sister. Cost to date 13,800RMs. Parents: Work-shy vagrants.”
- “Identical twins, both stunted and retarded. Cost to date 10,200RMs.”
- “Up to now this clan has cost the state 62,300RMs.”
- “The institutionalization of the chronically ill costs 112 million RMs per annum.”

The Sins of the Fathers

Despite portraying institution inmates as actual or potential criminals, the makers of *Erbkrank* simultaneously tried to convince the film’s audience that those same inmates were helpless victims of the fecklessness of their forebears. This was the aspect of the film in which its true purpose—garnering public support for sterilization laws—was revealed.

At the beginning of the film, the alleged problem is described for the audience: “An asylum for the incurably mentally ill. What casualness and frivolity have destroyed, what thoughtlessness and lack of conscience have handed down, is protected and cared for here. . . . Many of the mad must be spoon-fed, or even fed artificially. Only a small proportion of the mentally ill can be trained to do productive tasks.”

Erbkrank goes on to portray institution inmates as being not only a helpless drain on resources, but also a burden in the sense that fit and healthy people needed to put their own lives on hold to look after them: “Idiots are kept alive through medical science and the sacrifices of the nursing staff—idiots who through the entire duration of their lives cannot be taught to speak or to make themselves understood. . . . Themselves innocently wrecked in mind and body . . . a burden to themselves and to others!”

“Denial of the Laws of Nature”

Nazi propaganda against disabled people relativized contemporary morality and endorsed Francis Galton’s use of Charles Darwin’s theory of natural selection by arguing that qualities such as compassion were against nature. There is plenty of evidence of this in *Erbkrank*:

- “A large number of mental patients reach old age because of a nutritious diet and a healthy environment. In the natural world, in the divinely ordered struggle for existence, they would have become extinct at the start.”
- “Against all the laws of nature, the unhealthy are cared for disproportionately, while the healthy are neglected.”
- “Denial of the laws of nature and a false attitude to Christianity mean that criminals go unpunished. Rather, they are maintained in an institution provided one can establish diminished responsibility.”

Heredity

The most important element of *Erbkrank* was the extent to which it insisted that both criminality and disability were hereditary. As the film’s whole *raison d’être* was to convince its audience of the need for compulsory sterilization, this is not surprising:

- “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. The majority of their descendants end up in asylums or prisons.”

- “This twenty-eight-year-old murderer comes from a notorious criminal clan. Three siblings are also criminals.”
- “Notorious criminal from a flawed clan.”
- “Idiotic deaf-and-dumb girl—there are four further deaf-and-dumb cases in her clan.”
- “Two brothers, both sexual offenders, with deformed hands.”

There is clearly only one solution to this problem:

- “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.”

There are many more such examples, but this gives a flavor. It is also important to note that, while some of the patients in *Erbkrank* were apparently mentally ill, the film was quite open about portraying a generalized “dumping ground” for people ranging from criminally insane adults to deaf-mute children. In addition, a number of the patients in the film appear to be severely malnourished. The importance to the Nazis of the ideas contained in *Erbkrank* can be seen in the fact that the Law for the Prevention of Hereditarily Diseased Offspring was accompanied by a number of other laws, such as the 1933 Hereditary Health Law, which prohibited marriage between victims of enforced sterilization and people who had not been sterilized. There was also the draft Law for the Killing of Unfit Life, crafted in 1940 (after the start of the euthanasia program), which was eventually abandoned because Hitler feared that it would fuel Allied propaganda—although a more likely explanation seems to be that it would make cumbersome a process that had already begun.²²

Killing Children

In 1935, Hitler informed his Reich physician leader, Gerhard Wagner, that he would implement a euthanasia program if war were to be declared, partly because under such circumstances the policy would be generally easier to enforce, and partly because less opposition could be expected from the churches.²³ The previous year, Wagner had issued a circular advising doctors that if they performed abortions to prevent births of hereditarily “tainted” babies (where either the mother or father

had a disease that was considered hereditary), they would be granted an amnesty by Hitler.²⁴

In the winter of 1938–1939, the Knauer family petitioned Hitler to have their infant child put to death. This happened following the refusal of Werner Catel of the Leipzig University Children’s Clinic to kill the child because to do so would be against the law.²⁵ Allegedly, Baby Knauer was missing a leg and part of an arm, and he was thought to be an “idiot.” In addition, he was reported to be blind and subject to convulsions.²⁶ Though this is probably the most well-known pretext for the start of the Nazi euthanasia program, it was not the only one. Hitler received similar petitions from, among others, a woman dying of cancer and a man seriously injured in an industrial accident.²⁷ The latter was not dying, but he lived in a society in which his feeling that his life was over was unlikely to be challenged, even if not actively encouraged.

After the killing of Baby Knauer, Hitler authorized his physician, Karl Brandt, and the head of the Chancellery, Philipp Bouhler, to initiate a program for the killing of children with physical or mental defects.²⁸ The program was to be organized by the KdF (Kanzlei des Führers, or Chancellery of the Führer), a relatively small department in Berlin that was completely independent of the Nazi Party headquarters in Munich. Based in a building at Tiergartenstrasse 4, it was codenamed T4. Because it was considered necessary that the KdF’s involvement be obscured, the fictitious Reich Committee for the Scientific Registration of Severe Hereditary Ailments was created.

In August 1939, a decree was issued requiring the reporting of all children under the age of three and the registration of all newborns diagnosed with idiocy and mongolism (Down syndrome), especially if also involving blindness and deafness; microcephaly; severe or progressive hydrocephalus; all deformities, especially missing limbs, severely defective closure of the head and the vertebral column, etc.; and paralysis, including Little’s disease (spastic diplegia).²⁹ Doctors and midwives earned two Reichsmarks for each case they registered. The registration forms were sent by the public health official who collected them to the fictitious Reich committee mentioned above.³⁰ Once received, they were evaluated by three assessors: the aforementioned Werner Catel, the pediatrician Ernst Wenzler, and Hans Heinze of the Brandenburg-Görden asylum. The three assessors never saw the children, but nevertheless felt sufficiently confident in their abilities to decide their fate (a “+” if they were to die, a “-” if they were to live, and a “?” on the rare occasions when the assessors felt that they were insufficiently omniscient to proceed without further information). Following this, the Reich office arranged for children

condemned to death to be admitted to one of several clinics. These were initially in Brandenburg-Görden, Leipzig, Niedermarsberg, Steinhof, and Eglfing-Haar, but during the war several more were added, in Waldniel near Andernach, Ansbach, Berlin, Eichberg, Grossschweidnitz, Hadamar, Hamburg, Kalmenhof, Kaufbeuren, Loben, Lüneberg, Meseritz-Obrwalde, Schleswig, Schwerin, Stadtroda, Stuttgart, Uchspringe, and Vienna. Larger cities like Hamburg or Leipzig often had two clinics, meaning that the total number was around thirty.³¹ Though starvation was sometimes used to kill the children, the favored method was the use of medication. Hitler's famous "stop order" of August 1941 did not apply to the children's euthanasia program, which by 1945 had extended its remit to include older children and teenagers, and ultimately claimed at least 5,000 victims.³² It is thought that the last of these was four-year-old Richard Jenne, who was murdered at Kaufbeuren in Bavaria. When US forces occupied Bavaria, they placed a cordon around the Kaufbeuren hospital, leaving the staff free to kill for another twenty-eight days.³³ When they eventually entered Kaufbeuren, "observers found in an uncooled morgue stinking bodies of men and women who had died twelve hours to three days before. Their weight was between 26 and 33 kilos. Among the children still living was a ten-year-old boy whose weight was less than ten kilos and whose legs at the calf had a diameter of two-and-a-half inches."³⁴ There were bodies of "men and women" because, during the period of "wild euthanasia" between 1941 and 1945 (discussed later) Kaufbeuren was also used for killing adults.

Killing Adults

The fictional Reich Committee also distributed questionnaires to find out which adult institution inmates were (and, more crucially, were not) "worthy of help." Though the mix of physical and mental impairments referred to specifically were similar to those for children, a notable addition was the requirement to report all patients who had been institutionalized for more than five years. In addition, institutions were required to report those of their patients who were not German citizens or were of non-German origin. The form read as follows:

All patients are to be reported who—

1. Suffer from the following diseases and can only be employed on work of a mechanical character, such as sweeping, etc., at the institution:

- Schizophrenia,
Epilepsy (if not organic, state war service injury or other cause),
Senile maladies,
Paralysis and other syphilitic disabilities refractory to therapy,
Imbecility however caused,
Encephalitis,
Huntingdon's Chorea and other chronic diseases of the nervous system; or
2. Have been continuously confined in institutions for at least five years; or
 3. Are in custody as criminally insane, or,
 4. Are not German citizens or not of German or related stock according to their records of race and nationality.³⁵

The completed forms were submitted to a much larger number of so-called medical experts than had been the case for the children's euthanasia program, which reflected the much greater number of envisaged victims.³⁶ Among those who were sought for this task was Dr. Gottfried Ewald, the head of Göttingen University Clinic and the local state hospital. In Chapter 6 of this book, I discuss how Nabil Shaban makes Ewald into a heroic figure for refusing to become an assessor for the adult euthanasia program—a decision that Shaban connected to Ewald's own loss of an arm during World War I. In fact, Ewald seems to have been much more ambiguous; while he thought the euthanasia program “unnecessary and divisive,” he did nothing to prevent the killing of his own patients.³⁷

The forms also asked about patients' ability to perform “productive” work, and it is in this utilitarian preoccupation with productivity that another link with the wider Nazi genocide can be seen—in things like the killing on arrival at death camps of people considered incapable of work, and the killing of people unable to keep up on death marches. Assessors went to institutions to supervise selections, both when institutions had failed to complete the required forms and when it was suspected that institutions were listing too many patients as “good workers” in an attempt to save their lives.³⁸

The children's euthanasia program had largely used lethal injections for killing, but this was not practical for the much larger number of adult victims, so experiments with using gas began. At first, it was thought that it might be possible to pipe gas into dormitories, but as this

seemed impractical, the use of specially constructed gas chambers began to be considered.³⁹ One was constructed at the abandoned prison at Brandenburg an der Havel near Berlin, and the subjects were eight men from institutions. At the same time and in the same location, the experimenters also subjected several other institution inmates to lethal injections to demonstrate how cumbersome this method would be for dispatching large numbers of people.⁴⁰ Brandenburg thus became the first Aktion T4 killing center. It was followed, in January 1940, by Grafeneck in Baden-Württemberg in southern Germany; in May by Hartheim near Linz in Austria; and in June by Sonnenstein near Dresden. In September, Bernburg in Saxony replaced Brandenburg, and in December Grafeneck was replaced by Hadamar in the state of Hesse. After Brandenburg, none of the killing centers constructed gas chambers; instead, a room attached to the reception ward was used. A few meters of gas pipe with holes in it were laid, and outside the room there was a compressed bottle with a pressure gauge and other equipment.⁴¹

Apart from at Brandenburg, the gas chamber was not initially disguised as a shower room; instead, patients were told that it was an inhalation room, which they had to enter for therapeutic reasons. The doomed were sent from their own institutions to the nearest killing center, with each center covering a specific geographic area: for example, the Brandenburg killing center took victims from institutions in the Prussian provinces of Brandenburg, Saxony, and Schleswig-Holstein; the states of Brunswick, Mecklenburg, Anhalt, and Hamburg; and the city of Berlin.⁴² The patients were transported to the killing centers in gray buses, and—contrary to the claims of those in charge of the euthanasia program—the sight of these buses aroused extreme fear, and patients often had to be restrained or drugged to get them on. Once at the center, the patients were told to undress, and they were measured, weighed, and examined for scars that might be used in concocting plausible explanations for their deaths. Patients who had gold teeth or gold bridges were marked with a cross on their backs or shoulders and given a number that was either stamped on their bodies or written on a piece of paper and taped on, after which they were photographed. Then they were assembled and led into the gas chamber. The staff closed the steel door and made sure that no gas could escape. The doctor in the adjacent room opened the valve on the compressed gas canister (obtained from the chemical company IG Farben in Ludwigshafen), and the gas entered the chamber. After about ten minutes, all the patients were dead. Prior to the cremation of the bodies, selected corpses underwent post-mortems, which provided both training for young doctors at the killing

centers and brains and other organs for medical research. The crematorium stokers removed gold teeth from the corpses that had been marked as having them.⁴³

Protests

It was partly these crematoriums (as well as mistakes made by the physicians who were supposedly identifying plausible causes of death) that led to the protests against the program. Immense efforts were made to keep the program a secret, but mistakes crept in nevertheless. An official in the Rhineland received duplicate death certificates; relatives received urns containing hairpins when it was a male who had died; relatives were told that their loved ones had died of appendicitis, when the appendixes in question had in fact been removed years earlier; people living near the killing centers reported noxious smells soon after the arrival of a transport; and so on. Some family members were genuinely distraught at the murder of their loved ones and submitted obituaries to the newspapers, while others merely objected to having been lied to by the authorities.⁴⁴

The church-led opposition that Hitler had allegedly feared did not begin until August 1941, by which time more than 70,000 people had been murdered, half of whom came from ecclesiastical or private asylums.⁴⁵ Both the Catholic and the Protestant churches maintained a deafening silence on the subject until August 1941, when a rather belated resistance began with a sermon given by Clemens von Galen, archbishop of Münster in North Rhine–Westphalia, at the Lambertikirche in Münster. Possibly angered by the Gestapo's recent ejection of Jesuits from a property that they had occupied in the city, von Galen used his sermon to make public the information he had accumulated about the euthanasia program over the previous thirteen months. (He said that he had wanted to speak out earlier, but that a fellow cleric warned him about the possible consequences of doing so.) He appealed strongly to the self-interest of the congregation, telling them that it was their duty to oppose the euthanasia program because it would otherwise grow to include disabled war veterans, and because when they became old and frail, or "used up their health and strength in the productive process," they might fall victim to it themselves. Whether this line of argument constitutes genuine condemnation is a moot point. In any event, the sermon proved useful to the Allies, and the Royal Air Force leafleted copies of it all over Germany.⁴⁶

In the wake of the sermon, Hitler came under pressure to have von Galen executed, but was unwilling to create a Catholic martyr.⁴⁷ The fact that von Galen did not suffer any consequences for his opposition, however, does not mean that no one else did. People lost their jobs, were sent to concentration camps or were executed. A young woman who had observed transports arriving at Hadamar and then seen noxious smoke coming from the chimney—and who told questioners that it was true that killings were taking place in the asylum—was arrested (though never tried) and sent to Ravensbrück for six months after spending four weeks in solitary confinement at Frankfurt. A search of her home had revealed a copy of von Galen's sermon.⁴⁸ Another example is Bernhard Lichtenberg, the provost of Saint Hedwig's Cathedral in Berlin, who was arrested in October 1941, tried, and sentenced to two years in prison to be followed by committal to a concentration camp. He died on his way to Dachau in November 1943. Lichtenberg had also protested about the Nazi persecution of the Jews.⁴⁹

Von Galen's Sermon: Myth vs. Reality

Von Galen's sermon has been widely credited with at least slowing the euthanasia program (if not stopping it altogether), as well as galvanizing public protests against it. This is an example of something that is true (i.e., the occurrence of the sermon) being built up into something that is completely false. In truth, public disquiet predated the sermon, and the "halt" order was not primarily caused by von Galen's actions. Instead, several factors came into play. The program had slightly exceeded its target of one institution patient per thousand of the population, and personnel were needed for the Aktion Reinhard death camps in the east.⁵⁰ The children's euthanasia program continued and was extended to adolescents.⁵¹ The people who resisted most, but whose resistance has been least recorded, were those directly threatened. Forms of resistance varied. Some victims stated that they knew what was going to happen to them—a woman patient from Reichenau replied to an orderly's "auf Wiedersehen" by saying: "There will be no seeing you again. I know what they are going to do to me according to this law of Hitler's."⁵² Other patients cursed their murderers, saying in one instance, "You will pay for this with your blood!" and in another, "We are dying, yes, but the Devil will get Hitler!"⁵³ There were also cases of collective opposition, one of the best known of which occurred at Absberg in south-central Germany. By February 1941 (several months before von Galen's sermon), several transports had come to collect

small numbers of patients from the Catholic Ottilienheim home over a period of several months. That these patients failed to return meant that the euthanasia program was an open secret in the small town, and matters came to a head when a deputation of strangers came to inspect the home, leading to suspicions that it was about to be emptied altogether. Sure enough, on February 21, 1941, the nuns who ran the home woke the residents before dawn and brought them to the church to receive communion and make confession. The priest, Father Zottmann, told the residents that seventy-five of them were to be transported to their deaths. In fact, there were two transports that day, one at about 10 a.m. and the other about 3 p.m. When the second transport arrived, the residents refused to board the bus and had to be taken by force. As this happened, almost the entire population apparently looked on in silence.⁵⁴ In Absberg, as in other places, it was the institution inmates who fought hardest and most unequivocally in the vain hope of preserving their lives.

Aktion 14f13: Operation Invalids

With the number of people in concentration camps steadily increasing, and with prewar methods of killing such as harsh living conditions, forced labor, beatings, and executions no longer sufficient to control this, Aktion 14f13—a collaboration between T4 and the Schutzstaffel (Protection Squadron, or SS)—was born. The SS would select a pool of potential victims, and then T4 administrators would select the actual victims from this pool. As with T4, the victims were selected by means of questionnaires, which elicited such information as personal data, reason for arrest, date of incarceration, and physical ailments. The final selection of victims was made by panels of T4 physicians who visited concentration camps, and all of these were members of the Nazi Party. Three were officers in the SS, while a fourth was an officer in the Sturmabteilung (Storm Division, or SA).⁵⁵ Prior to August 1941, the chosen victims were gassed at Hartheim and Sonnenstein, which were still also used to kill victims of the T4 program. After this, Bernburg was also used until 1943, and Hartheim until the end of 1944, when, with Germany's defeat becoming increasingly obvious, prisoners from Mauthausen concentration camp were ordered to dismantle Hartheim's gassing facilities.⁵⁶ By the time it was discontinued, Aktion 14f13 had claimed between 10,000 and 20,000 lives.⁵⁷

Henry Friedlander has argued that the reason why the children's euthanasia program was implemented first, and why it continued, is

that preventing a new generation of disabled people in Germany was seen as particularly important.⁵⁸ This is also a possible reason why contemporary disability activists see the program as having continued ethical significance.

After the stop order, the killings resumed slowly, and the questionnaires used to select victims continued to be sent out every six months. In addition, the methods of killing used in the adult euthanasia program began to mirror those used on children, namely overdoses of medication and starvation. Centers of children's euthanasia such as Eichberg, Kalmenhof, and Eglfing-Haar were also used for killing adults. This was known as wild euthanasia. The gassing facilities at Hadamar were dismantled, as they were not needed after the stop order or for Aktion 14f13, but Hadamar was a wild euthanasia hospital, and thousands of people were murdered there after August 1941.⁵⁹ Though the wild euthanasia was nominally controlled by the KdF, it was characterized by chaos, and hospitals that after 1941 had no access to killing facilities simply resorted to murdering their patients.⁶⁰

Eugenics in the United States

David Mitchell and Sharon Snyder have written that “to a significant extent the failure to locate the origins of the Holocaust with the murder of disabled people stems from a lack of serious engagement with the hegemony of eugenic science and thinking in the West.”⁶¹ They quote scientists such as Stephen Jay Gould describing eugenics as a “quack science,” which makes it appear that it was a slightly embarrassing but essentially harmless pseudoscience. But in fact, it is inconceivable that the ideas about disabled people that the eugenics movement disseminated had no influence on the way the victims of the Nazi euthanasia program were seen by those who were supposed to be prosecuting the perpetrators.⁶²

Eugenicists disseminated the idea that “the defective” presented a danger to mainstream society and thus had to be kept separate from it. Their ideas can be summed up by the famous pronouncement by Supreme Court Justice Oliver Wendell Holmes, Jr., in the famous 1927 case of *Buck v. Bell*:

We have seen more than once that the public welfare may call on 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 con-

cerned, 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 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.⁶³

The case of *Buck v. Bell* concerned Carrie Buck, an eighteen-year-old inmate of the Virginia State Colony for Epileptics and the Feeble-minded. The superintendent of the colony, Albert Sidney Priddy, claimed that Buck had a mental age of nine and that she presented a genetic threat to society. He filed a petition to sterilize her under a model law designed to remedy legal deficiencies in the 1907 Indiana state sterilization law, the first sterilization law in the United States. The model law had been designed by Harry Laughlin of the Eugenics Record Office at Cold Spring Harbor, which had been set up in 1910 to investigate the ancestry of the US population, to produce pro-eugenics propaganda, and to campaign for race betterment (Social Darwinism).

Buck had been raped and became pregnant by her adoptive mother's nephew in the summer of 1923.⁶⁴ Her committal to the Virginia State Colony may be seen as an attempt by her adoptive family to save their reputation by silencing and discrediting her. As Justice Holmes's comment above shows, the court had no intention of treating her as a rape victim—instead, they needed her to be the genetic danger that Priddy portrayed her as. The court found in Priddy's favor, the effect of which was to legitimize eugenics and give it a prominence it had not previously enjoyed. The Law for the Prevention of Hereditarily Diseased Offspring in Nazi Germany owed much to Laughlin's model law, and Laughlin himself received an honorary doctorate from the University of Heidelberg in 1936. The speech by Holmes mentioned above was cited in the defense of the SS functionary Otto Hofmann at the RuSHA Trial in 1948.⁶⁵ The US judges and lawyers at the Nuremberg Medical Trial, though they may not necessarily have believed in eugenics themselves, likely held some of the prejudicial views that underpinned eugenics.

Enshrining National Boundaries

On top of the widespread perception that there was nothing wrong with institutionalization and that institutionalized people should be kept apart

from mainstream society, there was the problem that the victims of the Nazi euthanasia program were primarily German civilians. This meant that the program could not technically be considered part of the waging of an aggressive war—unless it could be described in a way that drew attention to the inclusion of non-Germans, thereby still recognizing the rights of sovereignty. According to the NMT judges: “Whether or not a state may validly enact legislation which imposes euthanasia upon classes of its citizens is a question which does not enter into the issues. Assuming that it may do so, the Family of Nations is not obligated to give recognition to such legislation when it manifestly gives legality to plain torture and murder of helpless and defenceless beings of other nations.”⁶⁶ Further, recognizing advances in international law, the foreword to the transcript of the Hadamar Trial (written by Justice Robert H. Jackson of the US Supreme Court) states: “At an earlier period, it is probable that the US would have considered the crimes against these alien peoples as presenting no cause for it to prosecute or judge. It is a hopeful sign that we begin to realize that states have a collective, as well as each having a separate interest, in observance of the rights of all peoples.”⁶⁷ There were limits to this collective responsibility, though, and one of these limits entailed a resistance to the idea that persecution on the grounds of disability is in fact persecution, exemplified by the treatment of eugenics as an aberration rather than the international movement it really was.

As well as an obvious failure to confront the complete past, this attitude has had continued repercussions for disabled people in Germany and elsewhere. For example, German survivors of Nazi crimes who tried to get compensation often found that expert witnesses called by those opposing their claims were unpunished perpetrators of the Nazi euthanasia program.⁶⁸ People who had been subjected to compulsory sterilization or who were otherwise victims of the program were not covered by a 1953 law designed to compensate victims of the Nazis, because they were not held to have been persecuted on racial, religious, or political grounds.⁶⁹ The Nazi sterilization law was not deemed unconstitutional in Germany until 2007, but even then, the victims were not entitled to compensation because they allegedly had not been sterilized on racial or political grounds.⁷⁰ In 2011, the German government finally granted the victims of Nazi euthanasia equal status with other victims of Nazi persecution.⁷¹ The precedent set by the Nuremberg Medical Trial, that of trying to rationalize why victims of the Nazi euthanasia program and eugenic sterilization were not entitled to legal protection, has taken a very long time to be addressed.

Definitions of Disability

The way that the word *disability* is defined is important in this book, and its definition varies widely depending both on who is doing the defining and how that person wishes to portray the Nazi euthanasia program. The word *disabled* was not used at the NMT. The defendants Viktor Brack and Karl Brandt, and in some respects the witness Hermann Pfannmüller, described the adult victims of the euthanasia program as “incurably insane,” and this description was integral to the defendants’ claim that not only were the adult victims too insane to understand what was about to happen to them, but they were also incapable of understanding any discussion of matters of life and death. Consent was not so important where child victims were concerned, and thus Pfannmüller described the children at his own institution, Eglfing-Haar in Bavaria, in terms suggesting that they had physical impairments. As far as the tribunal and prosecution were concerned, the NMT indictment described the victims of the euthanasia program as in need of care and having been killed because they were considered a burden on a country preparing for and then fighting a war. The judgment continued this interpretation and, chillingly, mentioned the possibility of imposing euthanasia on classes of a country’s citizens—an action that would not, according to the judgment, attract international opprobrium unless the measure was applied in a racist manner.

Well-meaning historians keen to emphasize the protests against the euthanasia program nevertheless occasionally described the program’s victims as “mental patients,” “idiots,” or “incurables.” It was not until the late 1980s and the 1990s that these descriptions began to be questioned, with Hugh Gregory Gallagher making it clear that, as a disabled person himself, he felt particularly well placed to write an account of the program, and Henry Friedlander showing that the traditional characterization of the victims as “mental patients” was inaccurate. Friedlander referred to the Nazi euthanasia program as “the murder of the handicapped.” (He had arrived in the United States in 1947 as a survivor of Auschwitz, and the word *handicapped* was/is more widely used in the United States than it is in the UK, where *disabled* tends to predominate.) Michael Burleigh argued that the victims’ specific diagnoses were unimportant, which makes his frequent references to the victims as “psychiatric patients” somewhat unreliable.

This was also the period when the Nazi euthanasia program met the growing disability rights movement. Writers and activists began to point

out that the relationship between the victims of the program and current disabled people was obvious and had gone unidentified largely because disability was not supposed to be a characteristic on which either individual or collective identity could be based. In the 1980s, Allan Sutherland and Susan Hannaford showed their belief that the program was deeply relevant by dedicating books wholly concerned with current disability discrimination to the victims of the Nazi euthanasia program. In 1987, Paul Longmore embellished a description of the program that referred to “incurably sick” people by adding “i.e., disabled” (although he did not explain why he made this link). In his 1996 play *The First to Go*, Nabil Shaban portrayed Claus von Stauffenberg as immediately seeing the horror of the program once he became disabled himself (an identity he readily assumed), with this reaction being directly responsible for his plot to assassinate Hitler. In 2008, the disabled artist and activist Liz Crow visited Germany in connection with *Resistance*, her film about the Nazi euthanasia program, and like Shaban and some other disability activists, she referred to the victims as “we.” Crow’s concern with contemporary ethics contrasts sharply with the attitude of the historian Michael Burleigh, who described the so-called Singer Affair—in which Germans and Austrians protested against the philosopher Peter Singer’s views on selective infanticide—as “little more than a temporarily distracting extended footnote.”⁷² I discuss these issues more thoroughly in the chapters that follow.

Disability and Other Victims of Nazism

Disability is also relevant to discussions of Nazism insofar as other groups targeted by the Nazis all included disabled members, and while those disabled members may not originally have been persecuted on the grounds of disability, it was often their disability that determined their fate. One example is the Ovitz family of Jewish dwarves deported to Auschwitz and experimented on by the infamous Josef Mengele. Mengele was intrigued by the fact that the family included both people of restricted growth and taller members, and it was this quirk of fate that led to the family being given special living quarters, better food, and their own bedclothes—though they were also subjected to ghastly medical experiments. Fortunately, they survived to see the liberation of Auschwitz on January 27, 1945.

The case of a Dutch Jew called Alexander Katan, who was deported to Mauthausen in 1942 and who was later murdered there, also points to

continuing shame about obviously disabled people—and to the distressing idea that “protecting” disabled victims of the Nazis involved preventing others from seeing those victims’ impairments, rather than stating emphatically that they are just there and that regarding them as a source of shame is wrong. In August 2001, the British newspaper the *Jewish Chronicle* carried an article entitled “In Pursuit of Dignity,” which told of the campaign of Katan’s son, Alphons, for the return of four “humiliating” photographs taken by the Nazis after Katan’s arrival at Mauthausen. Katan was very small and somewhat twisted—apparently as the result of a childhood illness—and the newspaper article appeared to suggest that it was the photographic depiction of his condition that rendered the photographs humiliating, as opposed to photographs of any other concentration camp inmates. The photographs of Katan appeared in many places: Alphons originally saw them in the Mauthausen Memorial Museum, but subsequently discovered that they had also appeared in books, had been shown at medical conferences and at other museums, and were even available on the internet. The newspaper reported that Alphons told the Washington Holocaust Memorial Museum that, in showing the photographs, they were humiliating his father even in his death, but the museum responded that such photographs were vital documentary evidence, as well as being important in combatting Holocaust deniers.⁷³

What to make of this? Using the photographs as part of Holocaust studies documentation and research clearly does not involve portraying Katan as an example of “the degeneration of the Jewish race,” so is using photographs that portray him as small and somewhat malformed any more “humiliating” than using similar photographs that depict a concentration camp inmate who had, say, piebald hair? I contend that it is not, and that if, for example, Katan is discussed in medical textbooks in a way that is disrespectful and/or dehumanizing, then the problem lies there—not with Katan himself. The article relates how, not just at Mauthausen, but also in the small Dutch village where he lived, Katan and his wife (who was also small, and who was killed on arrival at Auschwitz because she was assumed to be unable to work) were subjected to unkindness and cruelty. This makes it appear that, while anti-Semitism is unequivocally wrong, abuse of someone who is a fellow member of one’s own group, but who is nevertheless different, is not particularly wrong but just something that inevitably happens. Thus, Alphons Katan’s claim that the photographs are humiliating can be interpreted as an expression of a form of internalized oppression; because his father was always mocked for his physical appearance, Alphons needed

to protect him by not allowing people to see what he looked like. It was not possible for him to go one step further and accept that his father's physical appearance was just there: that it meant nothing, and thus that people who believed that it did—whether for good or for bad—were behaving in ways that were morally problematic.

It is clear from various blog posts written by David Mitchell and Sharon Snyder's students that they had taken the additional step that Alphons Katan did not appear to have considered possible. While visiting sites in Germany at which disabled people had been murdered, the students were convinced of the importance of the way the killings were remembered. For example, one student, Alyssa, expressed disquiet that Tobias, the group's guide at the Sachsenhausen concentration camp, only remembered at the last minute that about 300 inmates of Sachsenhausen had been murdered at the euthanasia institute of Sonnenstein under Aktion 14f13, thus making a link between the T4 program and Sachsenhausen. Blogging about the group's visit to Sachsenhausen, Alyssa wrote that it was "alarming that this additional connection was an afterthought in that the systematic murder of disabled individuals was not an integral part of Sachsenhausen's narrative despite bringing together so many diverse groups of victims."⁷⁴

The group had a much more positive experience when they visited Sonnenstein. This former killing center near Dresden now incorporates a sheltered workshop and has a strong educational focus. Mitchell's student Lili, who blogged about this day of the trip, was full of praise for "this educational tendency . . . how inclusive it was, and how actively it sought to educate persons with disabilities about a past that might have effected [sic] people like themselves."⁷⁵ Lili went on to offer some ideas about why this preservation of memory might be necessary. She came up with two possible reasons: first, historical accuracy, and second, a not-unconnected way of cultivating both self and group identity as disabled people. Both issues form an important part of this book. What has also emerged from these students' accounts of their trip is a firm shared conviction that historical atrocities should not merely be commemorated in a way that pays lip service to the fact that they took place; rather, remembrance of them should also seep into the consciousness of society at large.

Structure of the Book

The chapters that follow are broadly chronological in nature, with each one dealing with one or two decades. In Chapter 2, I look in depth at

the Nuremberg Medical Trial. This was the first of twelve trials (after the trial of the major war criminals) convened for the purposes of trying specific groups of Nazis who were accused of specific sorts of crimes. The NMT was a US trial: the chief judge was Walter B. Beals of the Supreme Court of Washington State; the other two presiding judges were Harold L. Sebring from Florida and Johnson T. Crawford from Oklahoma. The chief prosecutor was James M. McHaney. The trial's remit was the prosecution of Nazis accused of medical crimes. Specifically, this meant the prosecution of those involved in (1) the Nazi euthanasia program and (2) "medical" experiments carried out on inmates of concentration camps. Based on a close analysis of the transcript of the NMT, I argue in this chapter that, in its attitude toward the Nazi euthanasia program, the trial not only fell woefully short, but also created problems for subsequent debates.

In Chapter 3, I address how the NMT was reported in various major US and British newspapers and how it was discussed in various professional journals of the time. As I show, a reader of these sources would come away with the idea that the NMT was exclusively concerned with the prosecution of the Nazi perpetrators of human vivisection; the Nazi euthanasia program is barely mentioned. Using the famous cases of *Repouille v. U.S* (1939) and *R. v. Long* (1946), I argue that the NMT's failure to deal with the issue of the Nazi euthanasia program was largely a reflection of the lack of importance with which disabled lives were regarded in, respectively, US and UK society.

Chapter 4 deals with the debates, such as they were, about the Nazi euthanasia program during the 1950s and 1960s, and Chapter 5 focuses on relevant medical and ethical debates in the 1970s and 1980s. In Chapter 5, I also discuss the increasing interest among historians of the 1980s in the topic of Nazi medicine, as exemplified by the work of historians such as Paul Weindling, Robert Proctor, and Robert Jay Lifton. Lifton's book had a particularly strong influence both on individual historians and on ethical debates as a whole.

Chapter 6 covers the 1990s, beginning with a discussion of the Singer Affair, the name given to the events surrounding the visit to Germany, in 1989–1990, of the Oxford-based philosopher Peter Singer. The 1990s was also the decade in which mainstream historians began to study the Nazi euthanasia program in its own right, as opposed to as an aspect of Nazi medicine. I also discuss Nabil Shaban's play *The First to Go* in Chapter 6, but it is in Chapter 7 that I consider Shaban's 2006 introduction to the play, which shows how difficult he found it to persuade anyone that the Nazi euthanasia program was a subject that the public in general would be

at all interested in learning about. The overall focus of Chapter 7 is the efforts of politically active disabled people since the turn of the century.

Notes

1. Various authors, "Reflections on Professor Mitchell's 'Disabled People and the Holocaust' Class," George Washington University English Department (blog), 2015. <http://www.gwenglish.blogspot.co.uk/2015/04/reflections-on-professor-mitchells.html>.
2. Knittel, *The Historical Uncanny*, 19–20.
3. Steinfels et al., "Biomedical Ethics and the Shadow of Nazism," 1.
4. Ibid.
5. Rausch, "'We're Equal to the Jews.'"
6. Quoted in Tanvir Bush, *Cull* (advance proof), 341–342.
7. Kinzler, "Making of an Accessible Exhibition."
8. See also Bengtsson, "The Nation's Body," 416–432.
9. Gallagher, *By Trust Betrayed*, 52.
10. It is a moot point how much Darwin really disapproved of Galton, though. In his 1996 book *"Exterminate All the Brutes,"* Sven Lindqvist writes that Darwin seemed to consider it inevitable that extermination of "inferior" races would at some point take place. This suggests that Darwin was not unaware of the direction in which his ideas might lead.
11. Burdett, "Eugenics," 54.
12. Ibid.
13. Burleigh, *Death and Deliverance*, 15.
14. Ibid., 15–18.
15. Friedlander, "The Setting," chap. 1 in *The Origins of Nazi Genocide*, para. 29.
16. Ibid., para. 34.
17. Gallagher, *By Trust Betrayed*, 53.
18. Ibid.
19. Friedlander, "Excluding the Handicapped," chap. 2 in *The Origins of Nazi Genocide*, para. 31.
20. Ibid.
21. The discussion of *Erbkrank* is entirely mine, but the translations of the captions from the film are from Burleigh, *Death and Deliverance*, 179–182.
22. Ibid., 167.
23. Burleigh, *Death and Deliverance*, 100.
24. Friedlander, "Excluding the Handicapped," para. 22.
25. Friedlander, "Killing Handicapped Children," chap. 3 in *The Origins of Nazi Genocide*, para. 3.
26. Ibid., para. 2.
27. Burleigh, *Death and Deliverance*, 97.
28. Friedlander, "Killing Handicapped Children," para. 4.
29. Ibid., para. 16.
30. Burleigh, *Death and Deliverance*, 103.
31. Ibid., 104.
32. Friedlander, "Killing Handicapped Children," para. 76.
33. Ibid., 162–163.
34. Quoted in Friedlander, "Physicians and Other Killers," chap. 11, in *The Origins of Nazi Genocide*, para. 11.

35. Gallagher, *By Trust Betrayed*, 66.
36. Friedlander, "Killing Handicapped Adults," chap. 4 in *The Origins of Nazi Genocide*, para. 47.
37. Ibid., para. 50.
38. Ibid., para. 67.
39. Ibid., "The Killing Centers," chap. 5 in *The Origins of Nazi Genocide*, para. 1.
40. Ibid., para. 8.
41. Ibid., para. 10.
42. Ibid., para. 22.
43. Ibid., para. 39.
44. Burleigh, *Death and Deliverance*, 159.
45. Ibid., 168.
46. Ibid., 172–173.
47. Friedlander, "Towards the Killing Pause," chap. 6 in *The Origins of Nazi Genocide*, para. 20.
48. Burleigh, *Death and Deliverance*, 173.
49. Friedlander, "Towards the Killing Pause," para. 11.
50. Ibid., 174.
51. Ibid.
52. Gallagher, *By Trust Betrayed*, 142.
53. Ibid.
54. Ibid., 140–141.
55. Friedlander, "The Expanded Killing Programme," chap. 7 in *The Origins of Nazi Genocide*, para. 38.
56. Ibid., para. 49.
57. Ibid.
58. Ibid., para. 50.
59. Friedlander, "The Continued Killing Programme," chap. 8 in *The Origins of Nazi Genocide*, para. 8.
60. Ibid.
61. Snyder and Mitchell, *Cultural Locations of Disability*, 101.
62. Knittel, *The Historical Uncanny*, 20.
63. Oliver Wendell Holmes, *Buck v. Bell*, 274 U.S. 200.
64. Lombardo, "Three Generations, No Imbeciles," 30–62.
65. Bruinius, Harry, *Better for All the World*, 316.
66. FO 646, Case 1 Medical (U.S. v. Karl Brandt et al), vol. 23, p. 11395.
67. Kintner, *War Crimes Trials*, vol. 4, *The Hadamar Trial*, xv.
68. Susanne Knittel, "Beyond Testimony: Nazi Euthanasia and the Field of Memory Studies," in Schulze, *The Holocaust in History and Memory*, 85–86.
69. Ibid.
70. Ibid.
71. Ibid.
72. Burleigh, *Death and Deliverance*, 289.
73. Yehuda Koren, "In Pursuit of Dignity," *Jewish Chronicle*, August 31, 2001, 27.
74. Ibid.
75. Ibid.

