

Paul Weindling PhD.

The Need to Name: the Victims of Nazi “Euthanasia” of the Mentally and Physically Disabled and Ill 1939-1945

1. Declaring War on the Weak

On 5 August, 1929 at the Nuremberg Party Rally, Hitler proclaimed that killing several hundred thousand of the weakest would strengthen the German race. That “cretins” could procreate meant that the nation was breeding the weak and killing off the strong.¹ The consequences were devastating in terms of mass sterilization of a suggested 350,000 persons, and the killing of some quarter of a million victims in the context of “euthanasia”. Yet there is no accessible listing of the victims of the killings: for reasons of commemoration, information for descendants, and historical reconstruction a person-based memorial listing should be compiled, bringing together numerous partial listings. This overview considers the different components of this programme of racial murder, showing how they unfolded as part of a planned Nazi attack on those defined as “unfit”. Why the victims have remained for the most part shrouded in anonymity merits explanation.

Hitler believed that he had a mission to defend German racial health. His Nazi logic was that German health was under lethal threat because of burdensome expenditure on care for the disabled and mentally ill, and this prompted his attack

¹'Der Aufruf and die Kraft! Die große Abschlußrede Adolf Hitlers - Ausblutung des Volkes durch Auswanderung und Minderwertigenschutz - Kampfesmut als Auslesemittel des Nationalsozialismus - Der Nachwuchs der Jugend von Ypern - Das Schwert auf die Waage! Unser Führer hat das Wort', *Völkischer Beobachter*, 7 Aug 1929, pp. 1-2.

on the humanitarian basis of the welfare state. During 1929 the National Socialist Physicians' League was founded as part of a new NSDAP strategy to reach out to middle class professions.² The recruiting of eugenically minded physicians meant that hereditary health issues achieved prominence in NSDAP propaganda and policy.³ Racial biological ideas penetrated from the medical side into the Nazi ideology of the race and nation. Welfare was to be on a racially selective basis, excluding persons designated as racial threats (notably Jews) and the hereditarily (alleged on the basis of “racial hygiene”) sick.

Hitler spoke only of “the weakest” and of “cretins”. The initiative for the view that the mentally ill and disabled were a burden on society came from ultra-nationally minded physicians and lawyers. The 1920 text by the Leipzig professor of law Karl Binding and the psychiatrist Alfred Hoche had placed the concept of “lebensunwerten Lebens”/ “Life unworthy of life” on the socio-political agenda.⁴ In 1936 the biologist Alexis Carrel - in the German translation of his *L'homme cet inconnue*/Man the Unknown - recommended a lethal chamber for social parasites.⁵ These exterminatory ideas were taken up by a circle of Nazi physicians around Hitler. Eugenically minded psychiatrists flocked to the NSDAP: Herbert Linden in 1925, Paul Nitsche (a very early member of the German Society for Racial Hygiene) in 1933, Alfred Fernholz and Rudolf Lonauer in 1931, Friedrich Mennecke in 1932, Emil Gelnny in 1932, and Johannes Schottky in 1933 to name a few examples. Psychiatrists and racial hygienists expected a leadership role in a biologically managed state. The racial hygienist Fritz Lenz considered that National Socialism offered the best opportunity for the imposition of legislation based on the laws of heredity.⁶

2. From Compulsory Sterilization to “Euthanasia”

² Lilienthal, Georg: Der Nationalsozialistische Deutsche Ärztebund (1929-1943/1945): Wege zur Gleichschaltung und Führung der deutschen Ärzteschaft,

³ Mühlberger, Detlef, Hitler's Voice. The Völkischer Beobachter 1920-1933, vol. 1 London: Peter Lang, 2003, 62.

⁴ Binding Karl. & Alfred E. Hoche. *Die Freigabe der Vernichtung lebensunwertem Lebens. Ihr Maß und ihre Form.* Leipzig: Felix Meiner, 1920.

⁵ Carrel, Alexis, *Der Mensch, das unbekannte Wesen.* Stuttgart: Deutsche Verlags Anstalt, 1936. p. v.

⁶ *Die Stellung des Nationalsozialismus zur Rassenhygiene.* In: ARGB Bd. 25, S. 300–308, 1931

The coming of National Socialism to power on 30 January 1933 led to rapid drawing up of a compulsory sterilization programme: the legislation was finalised on 14 July 1933 and implemented from 1 January 1934 as a means to prevent physical and mental disabilities and illness. Hitler had decided to postpone a

Genetically minded eugenicists, notably Ernst Rüdin a Swiss pioneer of psychiatric eugenics working in Germany, devised the sterilization measures with the support of public health officials, such as the Prussian Ministerial Director, Arthur Gütt. The Nazi strategy placed public health on a racial and biological basis.⁷ Rüdin had researched the genetic basis of schizophrenia at the Deutsche Forschungsanstalt für Psychiatrie/ German Research Institute for Psychiatry (today, the Max Planck Institute for Psychiatry) in Munich; he had a decisive role in determining the scope of the sterilization legislation. Rüdin proposed sterilization for schizophrenia, congenital feeble-mindedness, muscular dystrophy/Huntington's chorea, epilepsy, severe mental defect, inherited deafness and blindness, and chronic alcoholism. It is important to understand that these disease categories were ideological constructs of the period, and involved suppositions such as epileptics having subnormal intelligence.

An estimated 375,000 sterilizations were carried out in Germany. The pattern was regionally uneven. Although Franconia was an area with a high ideological commitment to Nazism, numbers of sterilization were – as Astrid Ley has shown – relatively lower.⁸ Sterilizations were imposed in Austria at a proportionally lower level than in what was referred to as the Altreich/ former German Reich. There were an estimated 6000 sterilizations in annexed Austria, including 1203 sterilizations in Vienna.⁹ There were an estimated three thousand sterilizations in the “Reichsgau Sudetenland”.¹⁰ Whether there were sterilizations in annexed

⁷ Labisch, Alfons & Florian Tennstedt. *Der Weg zum "Gesetz über die Vereinheitlichung des Gesundheitswesens" vom 3. Juli 1934. Entwicklungslinien und Entwicklungsmomente des staatlichen und kommunalen Gesundheitswesens in Deutschland* (= Schriftenreihe der Akademie für öffentliches Gesundheitswesen, 13, 1.2) Düsseldorf, 1985.

⁸ Ley, Astrid. *Zwangssterilisation und Ärzteschaft. Hintergründe und Ziele ärztlichen Handelns 1934-1945*. Frankfurt/M: Campus, 2004.

⁹ Spring, Claudia Andrea, *Zwischen Krieg und Euthanasie, Zwangssterilisationen in Wien 1940 – 1945*. Vienna: Böhlau Verlag, 2009. <http://www.erinnern.at/bundeslaender/oesterreich>

¹⁰ Šimůnek, Michal. „Czechoslovakia“. *The History of East-Central European Eugenics, 1900-1945*, London: Bloomsbury, 128-45.

Alsace (linked to Gau Baden) and Lothringen/ Lorraine (as “Gau Westmark”) remains unknown. Similarly unclear is the extent that castration of homosexuals and sexual criminals took place in concentration camps and prisons. An estimated 4,500 women and 5,000 men died as a result of the sterilization operation. These high numbers have a basis in official sources of the period, but also require critical historical scrutiny. There should be a shift from estimates of victims to numbers based on documented individuals. The use of estimated victim numbers is, furthermore, a highly problematic feature of the historical writing on “euthanasia” killings.¹¹

The analysis of sterilization by historian Gisela Bock in 1986 demonstrated that sterilization was an integral part of Nazi racial policy.¹² National Socialism enabled the principle of coercion to be imposed, albeit through an administrative construction of *Erbgesundheitsgerichte*/ hereditary health tribunals of a medical officer (or another medical official), and another doctor, and as chair generally a lawyer. The criteria for sterilization were formulated in genetic and medical-hereditary categories. It is important to recognise that hereditary biology and race were diverse and contested areas of ideology under National Socialism. The medical system focused on psychiatric illness, mental ability and the pathology of alcohol consumption. The result was frustration among Nazi medical and scientific ideologues (notably of the Reich Physicians Führer Gerhard Wagner) that while psychiatric heredity was well covered, the eliminating of racial hereditary pathogenic threats to the German race and nation (of Jews, Sinti/ Roma) was not.

“Race” was defined in various ways under National Socialism, ranging from genealogical records on birth, baptism and marriage over generations to physical and psychological characteristics. Regional and local studies show uneven

¹¹ For an evidence-based victim analysis see Weindling, Paul, Anna von Villiez, Aleksandra Loewenau, & Nichola Farron, ‘The victims of unethical human experiments and coerced research under National Socialism’, *Endeavour*, vol. 40, no. 1, 2016, 1-6.

¹² Bock, Gisela. *Zwangsterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik*, Opladen: Westdeutscher Verlag, 1986.

implementation of sterilization.¹³ The overall extent that victims of “euthanasia” had been sterilized is documented in certain cases.

After his success with imposing sterilization and in taking over the chair of the Deutsche Gesellschaft für Rassenhygiene/ German Society for Racial Hygiene in 1933, the genetic psychiatrist Rüdin worked to forge a unified professional organization for psychiatry as part of “Gleichschaltung” to serve the racial state. The hitherto separate professional organizations for neurology and psychiatry were fused in 1935. This reinforced Rüdin’s leadership position in psychiatry, and the stifling of any opposition to Nazi policies, including “euthanasia”.¹⁴ The view, strenuously promoted at the Max Planck Institute for Psychiatry until the 1990s, that Rüdin opposed “euthanasia” killings is no longer tenable. In fact, the reverse was the case, as Rüdin saw research opportunities with the killing of “idiot” children in terms of acquiring research “material”: this indicated his condoning of “euthanasia” policies.¹⁵

The anthropologists of the Kaiser Wilhelm Institute for Anthropology had suffered a setback in terms of their influence from 1933, as Rüdin gained prominence. The nationalist campaign to sterilize the so-called “Rheinlandbastarde” (mixed race African-German and Asiatic-German adolescents) in 1937 represented an effort to reassert the power of the faction of racial anthropologists. There resulted the “illegal” targeting of racial minorities for sterilization. Anthropologists notably the Austrian Wolfgang Abel and Eugen

¹³ Ley, Astrid. *Zwangssterilisation und Ärzteschaft Hintergründe und Ziele ärztlichen Handelns 1934-1945*. Frankfurt am Main: Campus, 2004.

¹⁴ Schmuhl, Hans-Walter. *Die Gesellschaft Deutscher Neurologen und Psychiater im Nationalsozialismus*. Heidelberg: Springer 2016.

¹⁵ Roelcke, Volker. „Ernst Rüdin: Renommierter Wissenschaftler – radikaler Rassenhygieniker.” *Der Nervenarzt*, 83, 2012, 303-310. Roelcke, Volker, „Programm und Praxis der psychiatrischen Genetik an der Deutschen Forschungsanstalt für Psychiatrie unter Ernst Rüdin: Zum Verhältnis von Wissenschaft, Politik und Rasse-Begriff vor und nach 1933.” *Medizinhistorisches Journal*, vol. 37, 2002, 21-55. Hohendorf, Gerrit, Volker Roelcke, & Maike Rotzoll, “Psychiatrische Genetik und "Erbgesundheitspolitik" im Nationalsozialismus: Zur Zusammenarbeit zwischen Ernst Rüdin, Carl Schneider und Paul Nitsche.” *Schriftenreihe der Deutschen Gesellschaft für Geschichte der Nervenheilkunde*, vol. 6, 2000, 59-73.

Fischer from the Kaiser Wilhelm Institute for Anthropology measured the “mixed race” children, and determined their mental capacity.¹⁶

Sterilization could mean release back into the community from a custodial institution. But it could also mean that the person was identified as *lebensunwert* or a “worthless life”. “T4” was a shortening of Tiergartenstrasse 4 where the central administration of adult “euthanasia” was located. The lack of a full person by person analysis of even just the surviving ca. 30,000 “T4” files out of a total of 70,273 files means that it remains unclear regarding the numbers of “euthanasia” victims who had been sterilized.¹⁷

To date there has been no full person by person analysis of the “T4” files. The methodology of randomised sampling one in ten surviving files (so ca. 5% overall of the “T4” victims) and a very few in-depth case studies (even fewer with victim names) has meant that the fullest analysis of “T4” to date, conducted between 2002 and 2006, is based on statistical extrapolations.¹⁸ Despite the care taken with the 10% sample, a full analysis of all available “T4” files is long overdue, as well as record linkage with intermediate and originating institutions to reconstruct victim biographies, and the organizational procedures. Moreover, one might question whether it is appropriate to apply statistical sampling to records which contain a high level of individuality in terms of the patient situation, and of physician-patient interactions. While one can discuss issues, such as prior sterilization, gender, age and social origins on an anonymised level of cohorts, this screens out recognition of the individuality of each victim. If one wishes to

¹⁶ Lilienthal, Georg. „„Rheinlandbastarde“. Rassenhygiene und das Problem der rassenideologischen Kontinuität. Zur Untersuchung von Reiner Pommerin: „Sterilisierung der Rheinlandbastarde“.: *Medizinhistorisches Journal*, vol. 15, 1980, 426–436

¹⁷ Rotzoll, Maike, Paul Richter, Petra Fuchs, Hinz-Wessels, Annette; Topp, Sascha; & Hohendorf, Gerrit. „The First National Socialist Extermination Crime: the so-called "T4 Program" and its Victims, *International Journal of Mental Health* 35, no.3, 2007, p. 17-29. For the sample biographies Fuchs, Petra, Maike Rotzoll, Ulrich Müller, Paul Richter, & Gerrit Hohendorf; Ed. *"Das Vergessen der Vernichtung ist Teil der Vernichtung selbst" - Lebensgeschichten von Opfern der nationalsozialistischen "Euthanasie"*. Göttingen: Wallstein, 2007.

¹⁸ Orth, Karin & Oberkrome, Willi, Ed. *Die Deutsche Forschungsgemeinschaft 1920-1970. Forschungsförderung im Spannungsfeld von Wissenschaft und Politik*, Stuttgart 2010

find out about individuals with non-German origins, the methodology omits most such information. The statistically based and anonymised analysis is especially problematic for the purposes of individual commemoration, which appears to have been disregarded apart from a part-anonymised set of 24 biographies. Furthermore, there are disturbing echoes of the past atrocity: reducing victims to statistical samples was ironically an economic device to justify killings as cost-saving in terms of institutional care. The rationale of sampling imposed by the Deutsche Forschungsgemeinschaft (DFG) appears insensitive, and if not methodologically flawed, historically inappropriate and inadequate. Indeed, the DFG has failed to identify comprehensively the extent that its own research funding supported research on brain pathology on specific murdered victims. Psychiatric victims were marginalised, apart from marginal attention to psychiatric genetics.¹⁹ In short, the DFG-funded historians' approach to victim records has been catastrophic. The Max Planck Society's Commission on the Kaiser Wilhelm Society under National Socialism similarly failed to analyse its Institutes for Psychiatry and Brain Research on a comprehensive basis, and again neglected victims of research.²⁰ As myself a member of the Presidential Commission, I can say from the inside that my requests for a full-scale historical analysis of the Kaiser Wilhelm Institute for Psychiatry were brushed aside, and no concerted effort to identify each individual research victim was made.

3. Preparing the Killing Programme

It took 10 years for the killing programme to come into effect with the period from 1 January 1934 until September 1939 dominated by compulsory sterilization. The question arises as to the relations between sterilization and its radicalization as coerced killing? From the mid-1930s there are indications that radicalization into the killing of the psychiatrically ill was contemplated.

¹⁹ Ruelecke, Volker. Funding the Scientific Foundations of Race Policies. Ernst Rüdin and the Impact of Career Resources on Psychiatric Genetics, Wolfgang Eckart, Ed., *Man, Medicine and the State*. Stuttgart: Steiner Verlag, 2006, 73-106. The DFG history project offered only case studies rather than a comprehensive analysis of all incidents of medical research based on coercion.

²⁰ Peiffer... Schmuhl.

A group of physicians in Hitler's entourage (Hellmuth Unger, Ernst Wentzler, the Reichsärztführer/Reich Physicians Leader Gerhard Wagner, and the ambitious surgeon Karl Brandt) pressed for radicalization of non-racial sterilizations. Gerhard Wagner attacked sterilization as insufficiently racial. His point was that a Nazi Party member could be sterilized for feeble mindedness or chronic alcoholism, but not a Jew for being a Jew (but implementation of even the sterilization measures under the 1933 law against Jews could be vindictively racial). The group of racially minded experts around Hitler became increasingly frustrated with the scientific and administrative limitations of sterilization. Signs of a new policy included registration of malformed births from 18 August 1939 by the Reichsausschuß zur wissenschaftlichen Erfassung von erb- und anlagebedingten schweren Leiden/ Reich Committee for Inherited Disabilities. This organization established Kinderfachabteilungen/ Special Care Children's Departments under the Chancellery of the Führer, marking the start of administrative arrangements for the killing of children. The Reichsausschuss was a front for control by officials from the Chancellery of the Führer. They imposed systematic registration of disabilities among children under 3 years of age, notably for microcephaly, hydrocephaly, missing limbs, spina bifida, and Down syndrome. Midwives were paid two Reichsmark for each child whom they registered. Around 10,000 forms were sent in, which were reviewed by a medical committee, consisting of Werner Catel, Hans Heinze und Ernst Wentzler. Children were then ordered to be transferred to special children's units. These Kinderfachabteilungen varied in scale and killing methods: the Wiesengrund in Berlin and the Spiegelgrund in Vienna were largescale metropolitan institutions which exploited the children for research. Other "Kinderfachabteilungen" were smaller and primarily oriented to killing. [See details below]

Hitler's escort surgeon Karl Brandt stated at the Nuremberg Medical Trial, that the parents of a disabled new-born infant, referred to as the "Kind Knauer" appealed to the Führer in 1939 for the baby to be killed; after inspection by Brandt the paediatrician Werner Catel carried this out on 1 July 1939. This scenario was to justify Hitler's entrusting Brandt and Bouhler of the Chancellery of the Führer with an order coinciding with the start of the war to carry out the

“euthanasia” killings. In 1998 historian Udo Benzenhöfer identified but did not name the “Kind K”/ “Child K.”²¹

Historian Ulf Schmidt named the supposed child in 1999. Schmidt replicated the research of Benzenhöfer, who has felt that he was not adequately credited by Schmidt for his line of research. The sister of the identified child rejected Benzenhöfer’s identification as defamatory, because her parents were critical of National Socialism and so would not have petitioned Hitler. Benzenhöfer withdrew the identification but still considers a “Leipzig Case” existed, when parents of a disabled new-born baby in the Leipzig area petitioned the Führer. Benzenhöfer in turn has accused Schmidt of “geistige Piratie”/ “academic piracy” or plagiarism. Schmidt has not retracted the identification made in his paper in *German History* or in the biography of Karl Brandt, or even responded to Benzenhöfer; however, opinion has increasingly followed the authoritative studies of Benzenhöfer.²²

The war was to conceal largescale killing of psychiatric patients and the disabled. In terms of chronology the first to be killed were children, then in September 1939 shootings of Polish patients began and in November killing with poison gas by the SS Sondereinheit Herbert Lange.²³ Only then did the “T4” killings commence with a trial gassing using carbon monoxide from canisters at Brandenburg prison in January 1940.

Hitler backdated his order to Reichsleiter Bouhler and to Dr med Karl Brandt to 1 September 1939 for medical “Gnadentod”/mercy killing for the “incurably sick”. This legitimated the procedure of distinguishing between curable and incurable who were earmarked for killing. The sheet of personal notepaper carried the

²¹ Benzenhöfer, Udo. „Kindereuthanasie“ im Dritten Reich: Der Fall "Kind Knauer." *Deutsches Ärzteblatt* 95, Heft 19 (1998), S. B 954-955. Richtigstellung zum Fall "Kind K." *Monatsschrift Kinderheilkunde* 155, 2007, 1097.

²² Benzenhöfer, Udo. *Der Fall Leipzig (alias Fall Kind Knauer) und die Planung der NS-Kindereuthanasie*. Münster: Klemm & Oelschläger, 2008. Schmidt, Ulf. *Karl Brandt: The Nazi Doctor*. London: Hambledon Continuum 2007, 118.

²³ See the chapter on Poland by Tadeusz Naierowski, and Filip Marcinowski.

inscription: “Vom Bouhler mir übergeben am 27.8.1940 Dr Gürtner”, the latter being Reich Minister of Justice, thereby indicating that the Führer order was a substitute for legislation.²⁴

The directing “T4” office was located from April 1940 in an expropriated villa in Tiergartenstrasse 4. The “T4” administration was at first under Werner Heyde, a neurologist from Würzburg, and then from November 1940 directed by Paul Nitsche. 40 expert medical reviewers were recruited including 5 full university professors. The decisions were backed by state bureaucracies. Herbert Linden throughout took a key role in developing the necessary organization, and was from 1941 Reichsbeauftragten für die Heil- und Pflegeanstalten/ Reich-designated Executive for Hospitals and Care Institutions and so responsible for all psychiatric hospitals. Provincial state administrators had far-reaching responsibilities in realizing “euthanasia”. Bureaucrats included Egon Stähle in Württemberg, who recommended the site of Grafeneck for killing psychiatric patients, and Alfred Fernholz of the Saxon Ministry of Interior Department for Volkspflege.²⁵ Dietrich Allers ran the “T4” accounting department and charged the responsible health departments (which in turn would pass charges on to relatives) for the costs of the killings. Bodies were disposed of by cremation (although an estimated 3% of brains were retained for research).

The patient registration forms were sent to the “T4” office for decision. A crucial issue was whether the patient could still work. Patients deemed “unbrauchbar”/useless were killed. There were 40 paid Gutachter/experts: three adjudicators would receive forms detailing an individual patient, and then make a recommendation with Heyde, Linden or Nitsche as Obergutachter/Senior Experts taking the final decision. A Gutachter might evaluate 3500 patient forms per month.²⁶ An initial trial killing at the prison at Brandenburg has been

²⁴ Burkhardt, Anika. *Das NS-Euthanasie Unrecht vor den Schranken der Justiz*. Heidelberg: Mohr Siebeck, 2015.

²⁵ Böhm, Boris. “Funktion und Verantwortung des Sächsischen Innenministeriums während der “Aktion T4”, *Berichte des Arbeitskreises*, 1, 2001, 63-90. Sandner, Peter. *Verwaltung des Krankmordes. Der Bezirksverband Nassau im Nationalsozialismus*. Giessen: Psychosozial Verlag, 2003

²⁶ Kepplinger, Brigitte. “NS-Euthanasie in Österreich: die “Aktion T4”. “ *Berichte des Arbeitskreises*, vol. 8, 2012, 9-36, 18.

meticulously documented by Astrid Ley.²⁷ Six killing centres covered the Greater German Reich, but they functioned at slightly different times. These were: Brandenburg Prison, Hadamar from January to August 1941, Schloss Hartheim under Rudolf Lonauer/ Georg Renno from April 1940, Schloss Grafeneck during 1940 under Horst Schumann, and Sonnenstein-Pirna from June 1940 to August 1941; Brandenburg Prison, due to its town centre location, was replaced in October 1940 by the psychiatric hospital of Bernburg, near Halle. First in line for killing were patients at large provincial state psychiatric hospitals. A complex system of holding hospitals was instituted, in part so that relatives should lose track of the whereabouts of their family members, and in part to regulate the efficient “processing” of batches of persons of ca 80 to 100 persons, who were transported to the killing centre. Patients underwent a fake medical examination before being sent into a room with a fake shower head. The physician turned the carbon monoxide gas on. The procedure was carefully planned in terms of patient logistics, arrival and then removal of bodies. A Standesamt/ Registry Office issued a fake cause of death, although occasional mistakes included giving appendicitis as a cause when the appendix had been removed. Families received an urn with (randomly collected) ashes, and a bill for the costs of cremation.

A special commission under Heyde and Nitsche visited psychiatric hospitals in the so-called Ostmark (the post-Anschluss name for Austria) in June 1940 to speed up procedures, and a further commission under Mennecke dealt with Tirol and Vorarlberg patients in August 1940.²⁸ 2,200 mainly adult patients were murdered from the Steinhof psychiatric hospital. Grey buses of the “Gekrat” (a shortening for the Gemeinnützige Krankentransport GmbH/ Communal Transport for the Sick) organization transported victims to Hartheim (just as to other “T4” killing centres). The high rates of killing in Austria continued after the “euthanasia stop” in holding institutions – so that in August 1942 patients from Hall in Tirol were killed in Niedernhart (Linz) psychiatric hospital at Lonauer’s

²⁷ Ley, Astrid, Annette Hinz-Wessels, Eds. *The Euthanasia Institution of Brandenburg an der Havel. Murder of the Ill and Handicapped during National Socialism*. Berlin: Metropol Verlag 2012.

²⁸ Kepplinger, “NS-Euthanasie in Österreich: die “Aktion T4”, 19. Chroust, Peter, Ed. *Friedrich Mennecke. Innenansichten eines medizinischen Täters im Nationalsozialismus. Eine Edition seiner Briefe 1935 - 1947*. Hamburg: Hamburger Institut für Sozialforschung, 1988.

direction.²⁹ The annexed Yugoslav territory of “Untersteiermark” saw in 9 June 1941 357 patients transported for killing at Hartheim, representing 89% of the patients from Novo Celje/ Neu Cilli.

An activist in the Austrian resistance, Karl Schuhmann, photographed in secret the Hartheim chimney exuding smoke of incinerated bodies. On 24 August 1941 came an ostensible “Stopp” with the sermon in Münster by the Roman Catholic Bishop Clemens August Graf von Galen.³⁰ The Royal Air Force dropped leaflets to inform Germans about the killings.

A handful of nurses offered resistance.³¹ A few psychiatrists discharged patients. Gottfried Ewald, a professor of psychiatry at the University of Göttingen and a supporter of sterilization, refused to support “euthanasia” killings; Hans Roemer was Director of the Illenau psychiatric hospital and opposed patient killings. The few who resisted were not subject to any penalty for resistance.

Sara Berger has analysed how 120 “T4” staff were transferred to set up and supervise the “Aktion Reinhardt” death camps of Belzec, Sobibor and Treblinka.³² Fritz Stangl was transferred (in a managerial capacity) to Belzec and Treblinka, and the physician Irmfried Eberl to administer Treblinka, albeit a task beyond his capacities.

While this “T4”/ Aktion Reinhardt linkage was crucial in connecting “euthanasia” to the Holocaust, the killings of psychiatric patients (and others) continued at a high rate until May 1945. Bernburg’s gas chamber was used to kill forced labourers and Soviet prisoners. While Hadamar was used as a children’s home, further killings took place including Wehrmacht/ German army and SS soldiers; so-called Mischlingskinder/ “mixed race” children were killed by starvation, poisons and lethal injections. The “T4” installations of Hartheim, Bernburg and Sonnenstein were used from 1941 to 1944 in the 14f13 programme when invalid

²⁹ Kepplinger, “NS-Euthanasie in Österreich: die “Aktion T4”, 25

³⁰ Griech-Poelle Beth. *Bishop Galen, German Catholicism and National Socialism*. New Haven: Yale. 2002

³¹ Benedict, Susan & Linda Shields, Eds. *Nurses and Midwives in Nazi Germany: The “Euthanasia Programs”*. New York: Routledge, 2014. McFarland-Icke, Bronwyn R. *Nurses in Nazi Germany. Moral Choice in History*, Princeton, NJ: Princeton University Press, 1999

³² Berger, Sara. *Experten der Vernichtung. Das T4-Reinhardt-Netzwerk in den Lagern Belzec, Sobibor und Treblinka*. Hamburg: Hamburger Edition, 2013

prisoners were sent from concentration camps to be killed in the gas chambers. 14f13 had an estimated 20,000 victims.³³ Other “T4” installations were dismantled and effectively camouflaged as at Grafeneck, and Hartheim became a children’s home. Pirna-Sonnenstein became a military hospital from October 1942.

“T4” continued to exist as a research organization until 1945, and in the event of a victory systematic gassings would have been restarted. There were two dedicated “T4” clinical research centres: the Forschungsabteilung/ research department of the Landesanstalt Brandenburg-Görden, from 26 January 1942 until 31 March 1943 with 160 beds under Heinze, and the Heidelberg Psychiatric Clinic from summer 1943. At Heidelberg 21 children were clinically examined in meticulous detail and then killed so that their brains could be analysed.³⁴ In 1944-45 there was systematic destruction of documents at Hadamar.³⁵

4. Child “Euthanasia” 1939-45

The child “special care” units were secret and widely spread. The character of the children’s units varied from large metropolitan departments like the Spiegelgrund in Vienna, to smaller more transitory units. There were some thirty units, although for some (as at Dobrany) the necessary records have not been released.³⁶ The forms of killing varied from lethal injections, starvation or overdoses of medication. Starvation and use of drugs like Luminal and Morphium-Skopolamin were officially favoured in the period of decentralised “euthanasia”.³⁷

³³ Schwanninger, Florian. “Schloss Hartheim und die “Sonderbehandlung 14f13”, *Berichte des Arbeitskreises*, 2012, 61-89.

³⁴ Rotzoll, Maike & Gerrit Hohendorf, „Murdering the Sick in the Name of Progress? The Heidelberg Psychiatrist Carl Schneider as a Brain Researcher and ‘Therapeutic Idealist’ Paul Weindling ed, *From Clinic to Concentration Camp. Reassessing Nazi Medical and Racial Research, 1933-1945*. Abingdon: Routledge, 2017.

³⁵ See Harald Jenner:

https://www.bundesarchiv.de/geschichte_euthanasie/Inventar_euth_doe.pdf

³⁶ Kaelber, Lutz & Raimond Reiter, Eds. *Kinder und „Kinderfachabteilungen“ im Nationalsozialismus. Gedenken und Forschung*. Frankfurt: Lang, 2011..

³⁷ Faulstich, Heinz. *Hungersterben in der Psychiatrie 1914-1949. Mit einer Topographie der NS-Psychiatrie*. Freiburg im Breisgau: Lambertus-Verlag, 1998

The varying types of child killing units have been well captured by Lutz Kaelber in a superbly documented web site covering the relevant literature, fragmented sources, historic and contemporary pictures, and commemorative events.³⁸

Table: Children's Killing Wards: Duration and Victim Numbers

Name/ Location	Opened	Closure	Numbers killed
Görden	1939/40	1945 May	1040/1275
Steinhof [Vienna]	1940 July	1945 March	800
Wiesloch [Baden]	1940 Oct	1941 August	?
Leipzig-Dösen	1940 Oct	1943 Dec	551
Niedermarsberg	1940 Nov	1941 Dec	53
Eglfing-Haar	1940 Oct	1945 May	332
Rothenburgsort	1940	1945	60
Langenhorn [Hamburg]	1941 Feb	1943	22
Eichberg	1941 Mar	1945 Mar	500
Wiesengrund [“Sudetengau”] (Dobřany)	1941 April/ May?	1944 Oct?	?
Uchtspringe	1941 June	1945 April	350/800
Berlin-Wiesengrund	1941 July	1945	175

³⁸ <http://www.uvm.edu/~lkaelber/children/>

Sachsenberg [Mecklenburg]	1941 Aug	1945	600
Waldniel [Neuss]	1941 Aug	1943 July	91
Kalmenhof [Idstein, Hesse]	1941 Aug/Sep	1945 March	600
Lüneburg	1941 Oct	1945 May	450
Dortmund-Aplerbeck	1941 Nov	1943	236
Schleswig-Hesterberg	1941 Dec	1942 Feb	216
Loben/ Lubliniec	1941 Dec	1944	302
Leipzig Uni-Klinik	1941	1943 Dec	Ca 700?
Am Feldhof Graz	Late 1941	1945 April	270
Kaufbeuren-Irsee	1941 Dec	1945 April	221
Wiesengrund/ Sudetengau	1941 Apr- 1942 Sept	1945	?
Konradstein/ Kocborowo (Starogard Gdański)	1942	1944	550
Schleswig-Stadtfeld	1942 Feb	1945 May	216
Stadtroda [Thuringia]	1942	1945 April	133
Ansbach [Bavaria]	1942 Dec	1945 March	86
Tiegenhof/ Dziekanka	1943 Feb	1944	138

(Gniezno)			
Ueckermünde [Vorpommern]	1943 April	1945 April	?
Breslau	1943	1944	145
Grossschweidnitz [Saxony]	1943 Dec	1945	300
Stuttgart	1943	1944/45	?
Total			9731

Victim representations vary between biographies of exemplary individuals and comprehensive naming of complete groups. The adolescent Ernst Lossa, who was killed after having smuggled food into the starvation ward, has become talismanic.³⁹ Waltraud Häupl (whose own sister was a victim) has commendably published biographies of whole series of victims notably for the Spiegelgrund in Vienna. Many of the children and youths killed were transported long distances from locations in Germany, such as from Hamburg and Mönchengladbach. The compiled biographies cite extracts from the children's case histories, and include medical diagnoses.⁴⁰ This renders Häupl's work vivid and in many ways a much better tribute than the often bland semi-anonymised notices which often only give the child's first name and date of death.

5. "Euthanasia" and the Holocaust

³⁹ Michael von Cranach, & Hans-Ludwig Siemen, Ed.: *Psychiatrie im Nationalsozialismus. Die Bayerischen Heil- und Pflegeanstalten zwischen 1933 und 1945*. Oldenbourg Wissenschaftsverlag, München 1999, (Aufsatzsammlung: S. 265–325: Heil- und Pflegeanstalt Kaufbeuren, S. 475–486: Ernst Lossa: Eine Krankengeschichte)

⁴⁰ Häupl, Waltraud. *Die ermordeten Kinder vom Spiegelgrund. Gedenkdokumentation für die Opfer der NS-Kindereuthanasie in Wien*. Wien, Köln, Weimar: Böhlau Verlag 2006. Häupl, Der organisierte Massenmord an Kindern und Jugendlichen in der Ostmark 1940–1945. Gedenkdokumentation für die Opfer der NS-Euthanasie. Wien: Böhlau Verlag, 2008, Häupl, Spuren zu den ermordeten Kindern und Jugendlichen in Hartheim und Niedernhart. Gedenkdokumentation für die Opfer der NS-Euthanasie. Wien, Köln, Weimar: Böhlau Verlag 2012,

All phases of “euthanasia” intersect with the killing of Jews. In March to April 1940 there was the Sonderaktion zur Ermordung jüdischer Patienten/ the Special Operation to Kill Jewish Patients. It was extremely difficult for the chronic sick and disabled to gain entry to foreign countries, and families were forced to leave relatives behind in the hope that they would be cared for. The first Jews to be killed by poison gas took place at the “T4” installations. The killing of Jewish patients took place in phases: in July to October 1940 using the “T4” killing centres at Brandenburg/Havel and Hartheim bei Linz, and then from February to May 1941 at Hadamar (328 persons) and Hartheim. The Reich Ministry of the Interior decreed on 30 August 1940 the institution of Sammelanstalten/ Collecting Institutions for Displaced Jewish Patients. These institutions were spread throughout German territory: the Heil- und Pflegeanstalt Eglfing-Haar was a „Sammelanstalt“/ Collecting Institution for Bavaria; the Landesheil- und Pflegeanstalt Wunstorf for the Provinz Hannover; the Landesheilanstalt Gießen for Nordhessen and Westfalen; Heil- und Pflegeanstalt Hamburg-Langenhorn for Norddeutschland, and „Am Steinhof“ in Vienna for the „Ostmark“/ former Austria. The costs of “care” (more accurately of killing) were charged to the Jewish community. 2,040 persons were victims.⁴¹ From September 1941 transport of unknown numbers of Jewish patients took place to extermination camps. The complex logistics of transfers should be studied not as batches but as named persons.

Decentralised or so-called “wild euthanasia” intensified after August 1941 using specified and widely distributed wards, similar to the children’s killing programme. Holding centres became places of decentralised “euthanasia”. An example is Landesanstalt Grossschweidnitz in Saxony where an estimated 5000 patients were killed. Food rations were drastically cut, then Luminal doses were introduced.⁴² In the Ostmark/former Austria decentralised “euthanasia” killings

⁴¹ Lilienthal, Georg. „Jüdische Patienten als Opfer der NS-„Euthanasie“-Verbrechen.“ *Medaon*, Vol. 3, 2009, <http://www.medaon.de/de/artikel/juedische-patienten-als-opfer-der-ns-euthanasie-verbrehen/>

⁴² Boehm, Boris, “Funktion und Verantwortung des Sächsischen Innenministeriums während der “Aktion T4”. *Berichte des Arbeitskreises*, vol. 1, 2001, 89. Krumpolt, Holm. “Die Landesanstalt Großschweidnitz als “T4”-Zwischenanstalt und Tötungsanstalt 1939-1945,” *Berichte des Arbeitskreises*, vol. 1, 2001, 139-174.

continued at a high rate until the end of the war: among the institutions were Ybbs, Mauer-Öhling, Valduna in Vorarlberg, Hall in Tirol, Mils, Brück an der Glocknerstrasse, Schneeberg, Schlierach, Am Feldhof (Graz), Kainbach, Gugging (by Klosterneuburg), Krankenhaus Klagenfurt, and at Niedernhart (Linz), where the psychiatrist Emil Gelny used a vicious electroshock apparatus. Gelny's murderous conduct shows how much was left to the individual initiative of psychiatrists.⁴³ Historical study of this decentralised phase has been very partial and reconstruction of a complete analysis of all victims of decentralised "euthanasia" in the Ostmark is long overdue.

The killing of prisoners selected as nominally sick or disabled in concentration camps was known as "Sonderbehandlung/ Special Treatment 14f13" began in April 1941 with a team of doctors visiting concentration camps. There is no composite listing of 14f13 victims. Jews, forced labourers and prisoners of war were killed in the former "T4" killing centres of Bernburg and Hartheim. 3000 prisoners from Mauthausen concentration camp were killed in the Hartheim gas chamber.⁴⁴

The concept of an "Aktion Brandt" has been historically more controversial. In 1985 the political scientist Götz Aly supposed that Karl Brandt in his role as the Führer's representative for the Sanitary Provision organised displacing psychiatric patients to rural barracks so as to clear hospital beds for air raid casualties. This implied centralised direction of the killings. The historian Winfried Suess postulated that the administrative efforts to free beds was

⁴³ Czech, Herwig. "Jenseits von Hartheim. Dezentrale Krankenmorde in Österreich während der NS-Zeit." NS-Euthanasie in der "Ostmark". Fachtagung vom 17. bis 19. April 2009 im Lern- und Gedenkort Schloss Hartheim, Alkoven" (*Berichte des Arbeitskreises zur Erforschung der Nationalsozialistischen Euthanasie und Zwangssterilisation* 8).- Münster 2012, 37-60.

⁴⁴ Schwanninger Florian. "„Wenn du nicht arbeiten kannst, schicken wir dich zum Vergasen.“ Die "Sonderbehandlung 14f13" im Schloss Hartheim 1941–1944." Kepplinger, Brigitte u. a. Ed. *Tötungsanstalt Hartheim*. Linz: Verlag OÖ. Landesarchiv, 2008. 155-208.

regionalised, and there is some evidence for transfer of psychiatric patients to improvised accommodation.⁴⁵

Victims from the peripheries of the Reich require detailed reconstruction. The Umsiedler/ Resettlers from Bessarabia “returning” (after over one hundred years) to the Reich were screened for mental illness, and family members disappeared.⁴⁶ The links between deportations from the “Sudetenland” to Sonnenstein-Pirna have been documented.⁴⁷ This is similarly the case for transfers of psychiatric patients from South Tyrol. 299 South Tyrol patients were taken to Grafeneck/Zwiefalten; and a small number to Kaufbeuren as research subjects where 6 of the transferred children died in TB vaccine research.⁴⁸ By way of contrast there has been no systematic study of transfers of patients from the annexed Alsace and Lothringen.⁴⁹

There is no study of patients/ and other murdered persons who were foreign nationals; and no way of knowing who among the victims were Jews, Sinti/Roma or Jenisch. Studies of wholesale killings should be based on patient registers so that the victims can be identified. The approach to date has been very much top down, using orders and subsequent trials for killings by Einsatzgruppen.⁵⁰ Victims were characterised as having irritating behaviour, an inability to work, and for being unclean. A higher proportion of women among the victims is evident.

⁴⁵ Süß, Winfried. Dezentralisierter Krankenmord. Zum Verhältnis von Zentralgewalt und Regionalgewalten in der „Euthanasie“ seit 1942. In: Horst Möller, Jürgen John, Thomas Schaarschmidt (Hrsg.): NS-Gaue – regionale Mittelinstanzen im zentralistischen „Führerstaat“. Oldenbourg, München 2007, ISBN 978-3-486-58086-0, S. 123–135,

⁴⁶ Schlechter, S. “Verschwundene Umsiedler – Spurensuche Projekte zum Schicksal sogenannten “lebensunwerten Lebens” bei der Umsiedlung der Bessarabiendeutschen im Herbst 1940”, *Berichte des Arbeitskreises*, 8 (2012) 193-218. Fiebrandt, M, “Volks und Reichsdeutsche in den Heilanstalten Warta und Tiegenhof (Warthegau) 1939 bis 1945,.” *Berichte des Arbeitskreises* vol. 8, 2012. 219-254

⁴⁷ <http://www.schloss-hartheim.at/projekt-sudetenland-protectorat/de/ergebnisse-des-projekts.htm#6>

⁴⁸ <http://docplayer.org/28352723-Ausgeloescht-begleitheft-zur-ausstellung-opfer-der-ns-euthanasie-aus-tirol-vorarlberg-und-suedtirol.html>

⁴⁹ See for example the chapter by Simunek on occupied Bohemia and Moravia..

⁵⁰ Hohendorf, Gerrit. “Krankenmorde im Osten – das Beispiel Mogilew/ Belarus”, *Berichte des Arbeitskreises*, 8 (2012)) 239-54. Alexander Friedman & Rainer Hudemann . Diskriminiert - vernichtet -vergessen. Behindert. Behinderte in der Sowjetunion, unter nationalsozialistischer Besatzung und im Ostblock 1917-1991 Stuttgart: Steiner, 2016

The last known killing was of Richard Jenne on 29 May 1945 at Kaufbeuren where the Americans found the patient killing procedures still in operation. An estimate is that there were 216,400 victims, and 60/80,000 for territories under German occupation.⁵¹ The estimates vary and need to be replaced by aggregating actual persons killed so that the shocking figures of persons killed as part of the Nazi strategy to liquidate the ill and disabled become evidence-based, verifiable and commemorated. The killings were racially motivated, justifying re-categorisation from being medical to being Holocaust related documents. Here there is a need for full disclosure on the part of German and Austrian archives, and some re-categorising of documents in victim countries like Czechoslovakia and Poland in order to open collections and permit citation of victim names. This will open the way to a person based historical analysis and commemoration.

6. Historiography

In 1940-41 the US journalist William Shirer drew attention to the psychiatric killings and their organisation.⁵² After the war Allied war crimes units investigated the killing centres such as Hartheim in June to July 1945.⁵³ A series of Allied trials uncovered major contours of the killing programme. For reasons of legal jurisdiction the Allied trials focused on the killing of “Allied nationals” – especially of Poles and Soviet citizens. This was the strategy at the Hadamar trial in Frankfurt/M in October 1945. At the Nuremberg Medical Trial from December 1946 to August 1947 the Czech prosecutor Horlick-Hochwald prepared a successful case against Karl Brandt and Viktor Brack of the Chancellery of the Führer by focusing on “14f13” (the numbers and letter f were of SS administrative codes) links between “euthanasia” killings and selections of the infirm from concentration camps.⁵⁴

⁵¹ Faulstich, Heinz. Faulstich, Die Zahl der "Euthanasie"-Opfer, in: Andreas Frewer, Clemens Eickhof, Ed., "Euthanasie" und die aktuelle Sterbehilfe-Debatte. Die historischen Hintergründe medizinischer Ethik, Frankfurt am Main/New York 2000, 227.

⁵² Noack, Thorsten. "William L. Shirer and International Awareness of the Nazi "Euthanasia" Program". *Holocaust and Genocide Studies*, Vol. 30, Issue 3, 2016, 433–457.

⁵³ Kepplinger, Brigitte & Irene Leitner, Ed. *Dameron Report - Bericht des War Crimes Investigating Teams No. 6824 der U.S. Army vom 17.7.1945 über die Tötungsanstalt Hartheim*.

⁵⁴ Weindling Paul. *Nazi Medicine and the Nuremberg Trials*, 101.

The first historical work was written between 1945 and 1948 by first-hand witnesses of Nazi psychiatry. Gerhard Schmidt, the post-war commissar Director of Eglfing-Haar psychiatric hospital by Munich, wrote “Selektion in der Heilanstalt”/“Selection in the Hospital” in 1945 but it remained unpublished for 20 years.⁵⁵ Alice Platen-Hallermund (later, von Platen-Ricciardi) was a psychiatrist and a member of the German delegation of observers at Nuremberg; she based her pioneering historical account on the Nuremberg Medical Trial and the US-run Hadamar Trial at Frankfurt.⁵⁶

In 1947 the Russian zone conducted an effective trial for “euthanasia” at Sonnenstein-Pirna concluding with death sentences against Nitsche and three others.⁵⁷ In 1948 the Soviets condemned Erwin Jekelius to 25 years’ hard labour for patient deaths at the Spiegelgrund/ Steinhof. Once the two Germanies and Austria took over responsibility for prosecution, there were numerous acquittals. From the 1950s to the early 80s “euthanasia” was seen as a marginal area disconnected from the Holocaust.⁵⁸ Sentences became light and pleas of acting conscientiously following medical principles were accepted.⁵⁹ The 1983 overview by the journalist Ernst Klee aroused new public concern with “euthanasia”.⁶⁰ Klee focused on exemplary cases of perpetrators and victims with

⁵⁵ Selektion in der Heilanstalt, Evangelisches Verlagswerk, Stuttgart. 1965 (new edn 2012 Springer) edited Frank Schneider

⁵⁶ Bryant, Michael. *Confronting the “Good Death”. Nazi Euthanasia on Trial. 1945-1953.* Boulder: University Press of Colorado, 2005. Westermann, Stefanie, Richard Kühl, & Tim Ohnhäuser, Ed. *NS-“Euthanasie” und Erinnerung. Vergangenheitsaufarbeitung - Gedenkformen – Betroffenenperspektiven.* Münster : LIT, 2011

Platen-Hallermund, Alice. *Die Tötung Geisteskranker in Deutschland. Aus der Deutschen Ärztekommision beim Amerikanischen Militärgericht.* Frankfurt/M: Frankfurter Hefte, 1948.. Schmidt, Gerhard: *Selektion in der Heilanstalt 1939–1945.* Evangelisches Verlagswerk, Stuttgart

⁵⁷ Hohmann, Joachim S. *Der „Euthanasie“-Prozeß von Dresden 1947. Eine zeitgeschichtliche Dokumentation.* Lang, Frankfurt a. M. 1993. Schweizer-Martinschek, Petra. *Die Strafverfolgung von NS-„Euthanasie“-Verbrechen in SBZ und DDR,* 2016 Bauer-Verlag

⁵⁸ Raim, Edith. *Nazi Crimes Against Jews and German Post-War Justice. The West German Judicial System During Allied Occupation (1945–1949),* Berlin 2014. Raim, Edith. *Justiz zwischen Diktatur und Demokratie. Wiederaufbau und Ahndung von NS-Verbrechen in Westdeutschland 1945-1949.* München: Oldenbourg; 2013.

⁵⁹ Osterloh, Jörg & Clemens Vollnhals, Ed. *NS-Prozesse und deutsche Öffentlichkeit. Besatzungszeit, frühe Bundesrepublik und DDR,* Göttingen: Vandenhoeck & Ruprecht 2011,

⁶⁰ Klee, Ernst. *Euthanasie" im NS-Staat: die "Vernichtung lebensunwerten Lebens",* Frankfurt am Main, S. Fischer, 1983.

eloquent irony. The political scientist Götz Aly took up issues of Berlin psychiatry in its wider political and scientific context. He made the shocking discovery that brain specimens from deliberately killed children were held at Max Planck Institute for Brain Research.⁶¹ The other factor in marginalisation of “euthanasia” was that it was seen as detached from the Holocaust. The achievement of the historian Henry Friedlander was to have integrated “euthanasia” with the unfolding of the Holocaust.⁶²

Some 30000 case files held by the Stasi/ former East German Secret Police were discovered in 1990, and transferred to the Bundesarchiv/ Federal German Archives. The Heidelberg group of medical historians selectively studied these on the basis of sampling. Between 1999 and 2002, 3000 out of the approximately 30000 available records were evaluated using 90 variables.⁶³ Working with such a large number of variables meant that the research was highly selective, restricted to 10% of the records. More than 80% of the victims (and more than 70% of the „T4“ survivors) were longer than 5 years in asylums.

Women were more often murdered than male patients. Patients with the diagnosis “schizophrenia” (47% of all asylum inmates) made up 58% of the victims. Patients with the diagnosis “mental retardation” had a better chance to survive (if they were working), but „disturbing“ and „high maintenance“ patients had a reduced chance of survival. Even more selective was that in 2007, 23 victim biographies were published under the title (somewhat ironic given partial anonymization) “Forgetting Destruction is Part of Destruction Itself”.⁶⁴

The existence of post-mortal research specimens of brain tissue in scientific collections in Germany and Austria was ignored, creating the false impression that historically “euthanasia” was a closed issue. There is a lack of expertise in

⁶¹ *Totgeschwiegen 1933-1945: Zur Geschichte der Wittenauer Heilstätten - seit 1957 Karl-Bonhoeffer-Nervenlinik*, Berlin: Hentrich, 1989

⁶² Friedlander, Henry. *The Origins of Nazi Genocide. From Euthanasia to the Final Solution*. Chapel Hill: North Carolina University Press, 1995.

⁶³ *Die nationalsozialistische „Euthanasie“-Aktion T4 und ihre Opfer*. Paderborn: Schöningh, 2010.

⁶⁴ Fuchs, Petra, Maike Rotzoll, Ulrich Müller, Paul Richter, & Gerrit Hohendorf. *„Das Vergessen der Vernichtung ist Teil der Vernichtung selbst“. Lebensgeschichten von Opfern der nationalsozialistischen „Euthanasie“*, Göttingen, Wallstein: 2007.

working with victim histories when material historical evidence of brain tissue remains (as scientifically forensic and diagnostic analysis is rapidly advancing). It remains unclear how the brain tissues and documents can be brought together whether for analysis of the cause of death, or commemoration.

Der Arbeitskreis zur Erforschung der Geschichte von NS-„Euthanasie“ und Zwangssterilisation/ Working Group for the History of Nazi “Euthanasia” and Compulsory Sterilization was established in 1983. Klaus Dörner, a psychiatrist, took a crucial role in encouraging psychiatrists and nurses to reconstruct the killings in their place of work, and soon they were joined by many others. This association, inclusive of Austrians and Germans, has accomplished a vast amount in terms of detailed institutional and local studies, as well as regional studies. The Arbeitskreis involved professional historians, historians of medicine, health care workers and lay persons. They called themselves “Barfußhistoriker”/ bare foot historians (a reference to populist healers). Sascha Topp has reviewed the engaged historical work, very much history “from below”, covering a multiplicity of topics on institutions, and extending to the role of the churches, and resistance. Less prominent has been reconstruction of patient life histories, and if individuals are mentioned, they will be anonymized. As a lobbying group, the Arbeitskreis has pressed for compensation for victims, and in 1995 preservation as a single entity of the “T4” files discovered in a former Stasi Archive, rather than fragmenting the collection in provincial archives.⁶⁵ In 1986 the Arbeitskreis commendably lobbied against inadequate victim compensation. In 1989 the Arbeitskreis launched a petition against the re-legalisation of coerced sterilization.

Thereafter, attention shifted from victims to general bioethical issues. In 1996 a “Grafeneck Convention” on human embryo research and human genome research

⁶⁵ Topp, Sascha.. Das Ringen der Zwangssterilisierten und NS “Euthanasie”. Geschädigten im “Wiedergutmachung” und 25 Jahre Arbeitskreis NS-“Euthanasie”. *Berichte des Arbeitskreises* 8, 2012, 255-286. Wunder, Michael. „Zur Geschichte des “Arbeitskreises zur Erforschung des nationalsozialistischen ‘Euthanasie’ und Zwangssterilisation.“ *Berichte des Arbeitskreises*, 1, 2001, 9-19.

was drawn up by the psychologist Michael Wunder.⁶⁶ In 2011 came the Irsee „Stellungnahme zur Präimplantationsdiagnostik“/ Irsee Position on Preimplantation Diagnosis. The Arbeitskreis protests against preimplantation tests on embryos and stem cell research. “Euthanasia” history loses its focus on the original victims of a Nazi racial atrocity by becoming involved with current bioethical issues. While people may draw their own conclusions on current issues, it is a violation of the integrity of victims, for historical research on “euthanasia” victims to be linked in any way to positions against or for current bioethical issues of reproductive ethics. The arguments on human fertility instrumentalise the victims of National Socialist mass murder. Bioethical agendas divert attention away from the full reconstruction of the victims in their own terms as the persons they once were. When naming was raised at a meeting at Irsee in 2011, opinions on naming victims were divided.⁶⁷ The practice of blacking out names (or removing them digitally) had become routine and unquestioned.⁶⁸ A practice imposed by restrictive archives had somehow been assumed as fulfilling a necessary responsibility, placing the putative interests of (possible) descendants in the present over the past. Reconstructing all victim life histories and according victims the dignity as persons by restoring names has been regarded as neither historically necessary nor as essential for dignified commemoration.

A victim organization, Bund der “Euthanasie”-Geschädigten und Zwangssterilisierten/ League for Persons Damaged by Euthanasia and Compulsory Sterilisation was founded in 1987. A key issue was recognition in terms of Federal German Parliamentary legislation (Austria falling out of view) of the racial character of both sterilization and “euthanasia” killings. Modest

⁶⁶ „Appell des Arbeitskreises zur Aufarbeitung der der nationalsozialistischen „Euthanasie“ und Zwangssterilisation.“ <https://www.ak-ns-euthanasie.de/stellungnahmen/neues-sterilisationsgesetz-2/?lang=en>

⁶⁷ Weindling, Paul. “Menschenversuche und „Euthanasie“ – das Zitieren von Namen, historische Aufarbeitung und Gedenken“, Arbeitskreis zur Erforschung der nationalsozialistischen “Euthanasie” und Zwangssterilisation, ed, *Den Opfern ihre Namen geben. NS- “Euthanasie”-Verbrechen, historisch-politische Verantwortung und Erinnerungskultur*, Münster: klemm + oelschlaeger, 2011, 115-132 = Berichte des Arbeitskreises 7 .

⁶⁸ Beddies, Thomas, Ed. *Im Gedenken der Kinder. Die Kinderärzte und die Verbrechen an Kindern in der NS-Zeit (Ausstellungskatalog)*, Berlin,

compensation was achieved.⁶⁹ Although the demand for an operation to reverse sterilization was articulated in post-war Germany, this was not provided by German medical officials. The reversal of sterilization would in fact have had good chances of success in cases of male vasectomy. It would have provided the most effective form of redress. Compensation for victims of sterilization can be characterised as late (from 1980 in the Federal Republic of Germany) and limited. Compensation in terms of a single 5000 DM payment was only granted from 1980, and a monthly pension supplement of 300 DM (now 1200 euro) was approved. A full apology to the victims by the German state has yet to be made, although there have been a series of partial gestures.

Compensation is an issue that few historians have engaged with, although revealing much about experiences of eugenic victims. During the 1950s and 60s Federal Republic of Germany the 1933 sterilization law was not viewed as a Nazi law, but as comparable to US, Canadian and Scandinavian laws. It therefore remained on the statute book, but not actively in operation. The League of Persons Damaged by “Euthanasia” and Compulsory Sterilization (Bund der "Euthanasie"-Geschädigten und Zwangssterilisierten) was founded in 1987. It has campaigned for a full repeal of the law and a full apology: both aims have only partially been realized. In September 2014 only 364 surviving victims were claiming this pension, a tiny fraction of the ca 450,000 sterilized. In contrast Austria has not had a specific scheme, but has provided compensation under its generic Nazi victims law (Opferfürsorgegesetz) rather than specifically for sterilization victims. Switzerland decided not to compensate, despite public lobbying for this. In 2007 the sterilization law of 1933 was finally subject to Ächtung/ proscription. In 2009 Bund was replaced by an “Arbeitsgemeinschaft”, with Margret Hamm remaining as spokesperson.⁷⁰

The deep and enduring problem remains anonymization of victims. Apart from “T4” (and the selective sampling), the overall history (with 14f13, and decentralised adult and child “euthanasia”) remains based on estimated numbers

⁶⁹ Weindling, Paul. “Entschädigung der Sterilisierungs- und Euthanasie-Opfer nach 1945”, Klaus-Dietmar Henke, Ed, *Tödliche Medizin im Nationalsozialismus. Von der Rassenhygiene zum Massenmord*. Cologne: Böhlau, 2008), 31-46.

⁷⁰ Hamm, Margret, Ed. *Ausgegrenzt! Warum? Zwangssterilisierte und Geschädigte der NS-„Euthanasie“ in der Bundesrepublik Deutschland*. Berlin: Metropol, 2013.

of victims. The concealment means that individual identities remain unknown, so that although “euthanasia” shows the first targeted killing of Jews, it was an achievement to reconstruct the identities of the first Jews killed by poison gas. The estimated numbers of “euthanasia” victims were often calculated by prosecution lawyers in the 1950s. These aggregates, taken often as absolute numbers, in fact require re-evaluation. Benzenhöfer has reviewed how a prosecutor provisionally calculated 5000 child victims. Benzenhöfer concedes that the number is higher, at approaching 9000 victims, although given the shadowy nature of certain clinics and high numbers at Spiegelgrund, Wiesengrund, Görden, and Eglfing-Haar, his revised number appears as still too low.⁷¹ Similar uncertainties prevail for decentralised adult killings. Other estimates are on even shakier ground such as the 14f13 killings. The deception imposed at the time effectively remains in place, blocking individual victim identification. Only by naming victims can persons be traced through the network of intermediary holding institutions. Anonymization thus supports an initially Nazi-imposed system of concealment. The importance of names of patients and their files as indicating medical conduct was shown in the case of Babette Fröwis, because Hans Joachim Sewering, who had ambitions to become President of the international ethical World Medical Association, signed Babette’s transfer to a known “euthanasia” institution.⁷² Issues of historical accountability have arisen with the children’s doctor Hans Asperger’s referral of patients to the killing wards of the Spiegelgrund.⁷³

For “T4” the 30,076 personal case files have so far – in terms of public access - remained inaccessible. The collection R179 does not have an online finding aid. There is an “illegal” list, dating from 2002 placed online for commemorative

⁷¹ See Table in this chapter

⁷² Roelcke, Volker, Sascha Topp, Etienne Lopicard, & Seidelman William S. ., 'Requiescat sine Pace': Recollections and Reflections on the World Medical Association, the ... Dr. Hans Joachim Sewering and the Murder of Babette Fröwis.“ Roelcke, Volker, Etienne Lopicard and Sascha Topp (eds.): *Silence, Scapegoats, Self-Reflection. The Shadow of Nazi Medical Crimes on Medicine and Bioethics. Formen der Erinnerung*, vol. 59. Göttingen: V&R Unipress 2014.. Hohendorf, Gerrit, Fangerau, Heiner; Wahrig, Bettina (2010) Zum Nachruf auf Prof. Hans Joachim Sewering - Kein Hinweis auf seine Rolle im Nationalsozialismus. *DÄB* 28-29/2010.

⁷³ Czech, Herwig. “Hans Asperger, National Socialism, and “race hygiene” in Nazi-era Vienna.” *Molecular Autism*. 2018, 9:29

purposes by Hagai Aviel.⁷⁴ After reading names in public in Berlin, Aviel's group of anti-psychiatry activists placed family and first names, and dates of birth on line. This was highly revealing, showing the numbers of the elderly born in the 1860s or 70s, who were killed. The Bundesarchiv/ Federal German Archive has condemned this highly informative list as illegal. By the summer of 2016 the Bundesarchiv recognised the desirability of publishing named victims along with the location of the institution where patients were killed, and their dates of birth and death. However, the Federal German Agency for Data Protection and Freedom of Information opposes the release to historians and the public of this level of detail on the names of the murdered. This is especially surprising, because of the high percentage of elderly victims, many born in the 1860s. The suppression of the identities of a major group of Nazi victims shows how present concerns suppress documentation on past Holocaust-related atrocities. The reasons might include presumptions about illness being transmitted over generations and so thereby legitimating the diagnoses of Nazi racial science. Indeed, as the psychiatrist Michael von Cranach has pointed out, a medical record condemning a patient to death loses the status of being a valid medical record.⁷⁵ The reasons for anonymization make less and less sense over time. The Spiegelgrund victims were commendably named in 2004 by the municipality of Vienna, when the children's brains and brain slides were buried. In 2012 when Aly asked for victims to be fully named, he had a positive response from relatives.⁷⁶ The early collective memorials are supplemented by Stolpersteine and named memorials. The situation is today chaotic with still a tendency to anonymise as the default position, whereas public naming (as now considered respectful commemoration for Holocaust victims) should be the norm. No "T4" Memorial Institution publicly names all victims, and there is no linkage planned to provide a single memorial site:

⁷⁴ http://www.iaapa.org.il/46024/claim_list_A

⁷⁵ Cranach Michael von. "Ein Plädoyer für die Namensnennung", *Gedenken und Datenschutz*, 77-82.

⁷⁶ Aly, *Belasteten*, 11

Victim Record on Request	Victim Listing in a Memorial Space	On Line Accessible Victim Records
Bernburg	Brandenburg	Sonnenstein-Pirna [selected biographies only]
Hadamar	Grafeneck	
	Hartheim	

The idea of a Gedenkraum/memorial space is to allow full names to be read but only in a specific location. Such memorial spaces have been established since the 1980s, and are to be welcomed for any visitor to reflect on victims at the site of killing. How will anyone – especially from outside Germany - searching for a lost relative know where the appropriate space is sited? Effectively names are hidden away, because of alleged legal restrictions on naming victims without consent of descendants although most victims will not have descendants. That victims killed in a confined gas chamber should have their names restricted to a new confined space is symbolically problematic, imposing a new type of stigmatisation. Such confining effectively means the listing remains inaccessible and buried away. If the names are placed in arbitrary order (notably at Schloss Hartheim) this sends a message that the name can only be disclosed by special request, because of a need to conceal. There is an urgent need for collective memorials and restricted memorial spaces to finally offer named public commemoration, restoring individual dignity of the victims. Article 1 of the German constitution declares that human dignity is inviolable: the current situation deprives victims of the dignity of their name. Instead, collective anonymization stigmatises the whole murdered group.

Aly has questioned why naming victims of calculated murder for racial ends is declared illegal. One might further ask, why is it allowed to have Jewish victims publicly named, but not Jewish victims of “euthanasia” when racial motives were crucial in their killing? Aly rightly requests that victim names be placed accessibly on line.⁷⁷ Since Aly’s impressive statement, a meeting at the Topographie des Terrors in Berlin in 2016 agreed the desirability of public naming of the “T4” victims, murdered nearly eighty years ago.⁷⁸ The position was taken (albeit with modest dissent) that the diagnoses of the time should remain concealed (making the killings somewhat banal). The protecting of medical data on patients conceals mistreatment imposed by Nazi racial policies, culminating in murder. The priority of the need to commemorate and document victims of Nazi racial murders requires urgent attention. As studies of affected families have shown there is still a need felt for recognition of the deceased relative; or a line has already been drawn and the family is detached from the deceased ancestor. In the Bregenzerwald there has been strong community support for recognising victims with a named memorial.⁷⁹ The Spiegelgrund has shown the desirability of releasing named victim identities. There is no reason for the victim’s name and even for the reasons for holding and killing the individual – especially when the victim was a victim of Nazi racial policy – should be concealed.

7. Victims between Stigmatisation and Recognition

The German Psychiatric Association (DGPPN) gave a courageous (albeit long overdue) public apology, delivered by Professor Frank Schneider, for psychiatrists’ role in “euthanasia” in 2001.⁸⁰ The DGPPN has commendably sponsored a major historical programme culminating in a monograph on its history under National Socialism, and an informative and well-documented

⁷⁷ Aly, Götz, *Die Belasteten*, 17. Weindling, Paul. ‘“Jeder Mensch hat einen Name”: Psychiatric Victims of Human Experiments under National Socialism’, *Die Psychiatrie*, vol. 7, 2010, 255-260.

⁷⁸ Nachama, Andreas & Uwe Neumärker Ed.. *Gedenken und Datenschutz: die öffentliche Nennung der Namen von NS-Opfern in Ausstellungen, Gedenkbüchern und Datenbanken*. Berlin: Hentrich & Hentrich, 2017.

⁷⁹ Weber Wolfgang. “Von Tätern und Opfern der NS-„Euthanasie“ im Bregenzerwald.” *Virus. Beiträge zur Sozialgeschichte der Medizin*. vol. 8, 2009, 181-193

⁸⁰ <https://www.dgppn.de/en/Core-areas/psychiatry-in-time-of-National-Socialism/speech-schneider.html>

traveling exhibition on the murder of the sick and disabled.⁸¹ The “T4” Memorial next to the Philharmonie in Berlin has been reconfigured with an informative public exhibition which includes 20 victim biographies, four of which are semi anonymised.⁸²

But what is tragically missing is a “Euthanasia” documentation centre or at least a programme to inform about the 30,000 readily identifiable victims of “T4”, as well as to fully reconstruct 72,000 “T4” victims (at least some could be identified from holding institution records). Should not the “T4” memorials collaborate on a full-scale and publicly accessible reconstruction of the totality of “T4” victims? The Bundesarchiv would ideally release the name listing of the files which it holds, although it is not inclined to compile such a victim listing as it has done so for Germany’s Jewish victims of the Holocaust. But what is missing is a full scale reconstruction of – as far as possible - all victims as named persons.

The issue of naming continues to be discussed but without resolution. The Psychiatric Clinic Munich in 2013 saw a heated debate on "Euthanasia" victims between stigmatisation and recognition.⁸³ The meeting “Den Opfern einen Namen geben”/ “Give Victims a Name”, held on 29 June 2016 at the Topographie des Terrors, Berlin, achieved consensus that naming victims is legal in a memorial space, because of concern with medical confidentiality. So if a victim of 14f13 is gassed in a hospital cellar this is a confidential killing, but if the gassing is in a concentration camp the murdered victim’s name can be disclosed. The idea of a “memorial space” is highly restrictive, both historically and in terms of public access. Where these “spaces” exist is obscure. No online advice exists for relatives anxious to find out about lost family members, which is difficult for tracing relatives not killed in “T4”, for example from Silesia.⁸⁴ The

⁸¹ <https://www.dgppn.de/schwerpunkte/psychiatrie-im-nationalsozialismus/wanderausstellung.html>

⁸² <https://www.t4-denkmal.de/>

⁸³ Anerkennung: Forschungs- und Ausstellungsprojekte zu den Verbrechen an psychisch Kranken und die der Namensnennung der Münchner "Euthanasie"-Opfer: Fachtagung vom 15. bis 17. November 2013 in der Klinik für Psychiatrie und Psychotherapie der Universität München : Tagung zur Frage der Namensnennung der Münchner Opfer der NS-"Euthanasie" in einem Gedenkbuch am 15. November 2013

⁸⁴ Coincidentally while completing this piece I received an inquiry from a victim’s relative from the United States concerning a family member killed in Southern Austria, and asking where the memorial listing of all victims of “euthanasia” can be accessed.

present situation prevents commemoration, and impedes inquiries, particularly from outside Germany. From an international point of view, the procedures concerning killed victims block access by relatives, as well as making it difficult to find out about victim nationality, ethnicity and religion. Being murdered as a victim of Nazi racial science some 78 years ago means that the victim's killing remains confidential.

The current position (at least in Germany) is that the person and their illness have to be separated, and the illness (an ostensible cause of the killing) considered anonymously. However, illness can be essential for an existential understanding of a person – and reasons for their killing. For an in-depth biography it would be necessary to include the medical diagnosis and the personal sides. Searching according to other criteria than a name – for example by nationality (if indeed nationality is given) – remains impossible. As a consequence there are no composite figures or name lists of non-German victims of “euthanasia” killings: how many, for example French or Norwegians, fell victim to “euthanasia” killings cannot be reconstructed, and instead such a legitimate historical inquiry encounters a long series of obstacles. Germany and Austria could make such listings of killed foreign citizens available. The current situation is left to local initiatives which might encounter restrictive local archives. A positive example is the „Hamburger Gedenkbuch Euthanasie.“/ Hamburg Euthanasia Memorial Book, although this omits the diagnostic rationale for the killing.⁸⁵

The situation remains profoundly unsatisfactory. Date and place of death often remained unclear because the murderers and their bureaucracy intentionally manipulated the date, the cause and the place of death. On the one hand, to cover up the accumulation of fatalities in extermination centres like Hadamar; and on the other, to obtain funds surreptitiously from relatives with wrong and delayed billing as well as to appropriate the estate of the dead undisturbed by friends and family.

Patient art has meant that a few victims are now named as “persons of historic interest”. Again, the selective distinction is invidious as it implies that the lives of the masses of patients killed are of lesser cultural and historical value. One

⁸⁵<http://www.hamburger-euthanasie-opfer.de/index.html>

example of a permissibly named artist is that of Wilhelm Werner (1898 – 1940) and his series of drawings “Der Triumphzug der Sterelation”/the “Triumphal Procession of Sterelation”, indicating how art gives insight into individual sensibility, and alternative vision of the world.⁸⁶

“Euthanasia” research has long paid inadequate attention to the post-mortal history of victim brains and brain tissue, still existing in collections. The practice of sluicing away body tissue of “euthanasia” victims conducted certainly until at least around 1990 should definitively cease. Again, there is the difficulty of connecting past atrocities to present human tissue. There were diverse structural models for research on the brains of the killed.

1. Single integrated killing/ research centres such as the Spiegelgrund with storage of brains on site.
2. Systematized supply of brains from peripheral killing institutions to institutes of the Kaiser Wilhelm Society / university research centres: for example Görden psychiatric hospital to the Kaiser Wilhelm Institute for Brain Research, although to fully reconstruct the sources of brains is complicated.⁸⁷ Similarly, the Kaiser Wilhelm Society financed a Prosektur/ pathology laboratory in the psychiatric hospital of Eglfing/Haar to supply brains to the Kaiser Wilhelm Institute for Psychiatry. Another example is that the Langenhorn hospital in Hamburg supplied the Neuroanatomical Institute, Hamburg-Eppendorf. “T4” continued as a clinical research organization. It designated children as “Reichsaussschuss Kinder”. The Kinderfachabteilungen functioned to a varying extent as research organisations. There was interest in correlating clinical observations with brain pathology.
3. Children from psychiatric hospitals were vulnerable for sometimes fatal human experiments, for example testing tuberculosis vaccines.⁸⁸

⁸⁶ Rotzoll, Maike & Thomas Röske, Ed. *Wilhelm Werner Sterelationszeichnungen*. Heidelberg: Das Wunderhorn, 2014.

⁸⁷ Wässle, Heinz. „A Collection of Brain Sections of "Euthanasia" Victims: The Series H of Julius Hallervorden.“ *Endeavour*. Vol. 41, no. 4, 2017, 166-175.

⁸⁸ Beddies, Thomas & Heinz-Peter Schmiedebach. ‘ “Euthanasie”-Opfer und Versuchsobjekte: Kranke und behinderte Kinder in Berlin während des Zweiten

Once collected, and dissected, there was then the problem of “disposal” of brain tissue. After the war most tissue was disposed of as human waste, rather than disclosed. The Rector of Heidelberg University preferred a secret disposal to public disclosure of the Carl Schneider research children.⁸⁹ Burial – on rare occasions as at Tübingen and by the Max Planck Society in Munich, both in 1990 - was without names on a collective and anonymised basis.⁹⁰ A group of slides were removed from the stockpiles of Julius Hallervorden by the neuropathologist Franz Seitelberger to Vienna. Had they remained in Germany they would have been anonymously buried, but in Vienna they could be identified as two brothers and a cousin, who was killed to order, and the tissues of Alfred, Günther and Herbert Kutschke could be buried in 2003 at the Landesklinik Görden.⁹¹

Families have reconstructed biographies suggesting: i. a need to know, and ii. for archives and documentation centres to provide accessible information. Although Jewish identity is highly varied, the consensus is that all persons persecuted as Jews should be recognised. Similar arguments can be made for the mentally ill and disabled to overcome routine anonymisation. In Austria the Spiegelgrund identifications and named burials was a progressive instance authorised by the Vienna municipality in 2002. The naming and commemoration have been wholly positive, and indeed provides both a national and international model. By way of contrast, it remains the case that victim names remain if not blanked out then held in the banal construction of a “memorial space”, which in fact serves the opposite purpose. The fragmentation and barriers to tracing need to be removed. A unified internet site with all victim names should be a priority. The standards of holocaust

Weltkriegs.’ *Medizinhistorisches Journal*, 39 (2004), 165–96. Schweizer-Martinschek, Petra. “NS-Medizinversuche: “Nicht gerade körperlich besonders wertvolle Kinder””. *Deutsches Ärzteblatt*, vol, 105 no. 26, 2008, A-1445 /B-1248 / C-1216. Weindling.Paul. *Victims and Survivors of Nazi Human Experiments: Science and Suffering in the Holocaust* . London: Bloomsbury, 2014.

⁸⁹ Hohendorf, Gerrit, Volker Roelcke & Maike Rotzoll, ‘Innovation und Vernichtung – Psychiatrische Forschung und ‘Euthanasie’ an der Heidelberger Psychiatrischen Klinik 1939–1945’, *History of Psychiatry* , vol. 5, 1994, 517–32.

⁹⁰ Weindling, Paul. ““Cleansing” Anatomical Collections: The Politics of Removing Specimens from German Anatomical and Medical Collections 1988-92”, *Annals of Anatomy*, vol 194 issue 3, 2012, 237-242

⁹¹ *Gedenkfeier 28 October 2003. Landesklinik Brandenburg*. [Brandenburg, 2003].

research requiring naming and identification of the pathways to and circumstances of death need to be fully applied to “euthanasia” killings..

8. Conclusions

Anonymization with blacked out or digitally removed victim names, and restriction to a remote (as opposed to a publically accessible) memorial space deny dignity to the victims of racially motivated killings which were closely associated with and part of the Holocaust. There still needs to be victim identification, and here commemoration attains a deeper meaning. The killed persons merit commemoration on a par with Holocaust victims. Memorial institutions need to provide access to victim documents, in modern user-friendly ways. This would include placing victim details on line, ideally as a composite listing from all the memorial institutions.

Beyond disclosure of individual names, German and Austrian memorials and archives need to collaborate in a cross-national reconstruction of the totality of “euthanasia” victims (broadly understood to include persons transported from concentration camps, as well as the Allied prisoners of war and Polish citizens whose brains were taken for research) under National Socialism. The current situation is one of fragmentation, due to provincial and local jurisdictions. In Austria and Germany psychiatry has been a provincial responsibility, and decentralised killings mean local research is required in provincial archives which interpret access vicariously. The fragmentation needs to be overcome in order to produce a comprehensive commemorative documentation for all victims of the killings. Ideally a bilateral commission of Germany and Austria should work within a wider international structure, to reconstruct all victims, Jews and non-Jews, on an individual and named basis. Only then will a meaningful historical overview of the mass murder of the mentally and physically ill and disabled, and other targeted groups be achieved, along with named documentation accessible to families wherever located. Provincial, local and medical archives remain highly varied in policies. There needs to be a concerted effort to protect from further destruction all sterilization and psychiatric records in Austrian and German archives, and in medical institutions.⁹²

⁹² Aly, Götz. *Die Belasteten. ‚Euthanasie‘ 1939–1945. Eine Gesellschaftsgeschichte*. Frankfurt am Main: S. Fischer, 2013

We should have a positive international scheme for the commemorative naming of all victims of “euthanasia” killings. Relevant documents should be viewed from a wider international perspective of Holocaust history. Historical documentation and research on Nazi “euthanasia” lacks a comprehensive vision of documenting and commemorating all victims, according them the dignity as named individuals and recognising how every individual person has their own life history.