“BALLAST EXISTENCES”: THE DISABLED, JEWS AND NAZI GENOCIDE

by

Jill Mitchell Nielsen

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Abstract

This thesis examines the social construction of disability in the Third Reich and the interrelationship between Nazi euthanasia and the Holocaust through a comparative analysis of the historiography and using key theories from the field of disability studies. I argue that constructions of disability form an essential part of the creation of a Nazi philosophy that sought to alter fundamentally and irrevocably the biological and racial makeup of Europe. The bio-racial philosophy of the Third Reich had its origins in the eugenics of the late nineteenth and early twentieth century and the early development of racial hygiene precepts. Eugenics and racial hygiene were radicalized under Nazi rule to create a philosophy that was hyper-concerned with the blood purity of the German Volk. This ideology was implemented first with a program of euthanasia (Aktion T4). The genocide of the disabled was, in many ways, prototypical to the development of the Final Solution. A comparative analysis shows that there were overlapping phases in the genocide of the disabled and the Holocaust, particularly with respect to the killing of the Jewish mentally ill, the targeting of mentally ill patients in the East, Aktion 14f13 and the construction of the death camps, particularly during Aktion Reinhardt.
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Dedication

To Bitta and Gordon Mitchell and

Peter Robert Nielsen
Introduction

In 1929, two German academics, Karl Binding and Alfred Hoche, created the concept of life unworthy of life (*lebensunwerten Lebens*), in a tract that was widely distributed in academic circles and rapidly found its way into the hands of those who would come to dominate the upper echelons of the Nazi party, including Adolf Hitler. Binding and Hoche were responding to a political climate in which the disabled were devalued as an economic burden. They were seen as a drain on a society struggling to free itself from the crushing burden of the financial devastation following World War I. Binding and Hoche’s work was radical in that it proposed a permanent and irreversible solution to the problem of Germany’s overtaxed resources: the murder of a population considered undeserving of their own lives. Hoche applied the metaphor of a ship’s ballast to the institutionalized, using a term that was widespread at the time: *Ballastexistenzen*. The disabled lived ballast existences, and could be dispensed with when the ship was no longer obligated to support them.

When the Nazi Party rose to power in 1933, one of its first acts of legislation was a mass sterilization program that eventually affected 400,000 people, or 1% of the entire German population. Sterilization was popular during the early decades of the twentieth century. Long before Germany sterilized the first person, the United States had enacted sterilization laws in thirty states. However, Germany’s eugenics program radicalized under

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the Nazis as the focus shifted from sterilization and became outright genocidal when it progressed to full-scale institutional euthanasia in 1939.

Euthanasia in Nazi Germany was an extra-legal procedure. Despite Hitler’s famous letter backdated to September 1, 1939, authorizing a selective euthanasia program, no legal decree was ever passed. Nonetheless, a program of euthanasia was always integral to the Nazi vision. Hitler discussed it at the time of the sterilization law, and in 1935 promised Hans Lammers, head of the Reich Chancellery, that he would undertake a program of mass extermination of the institutionalized in the event of another war. Euthanasia then became the fulfillment of an ideological and administrative commitment to the eradication of bad blood from the German Volk. It was also the opening salvo in an escalating genocide that would claim the lives of tens of millions of people.

This thesis argues that, in Nazi Germany, disability served as a foundation for a broad policy of bio-racial discrimination that led first to the murder of the disabled, and then to more extensive and large-scale genocide. In Chapter One, I position my argument within the fields of comparative genocide studies and disability studies through an examination of the relevant literature. The connection between disability as a social construct and the biologization of Nazi ideology is explored in Chapter Two. Here, I begin with an analysis of the period of eugenics immediately prior to the ascent of the Third Reich, the origins of racial hygiene, and their connection to conceptualizations of disability. The ensuing section examines commonalities between anti-Semitism and discrimination

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4 Adolf Hitler, “Order to Bouhler and Dr. Karl Brandt to Increase the Authority of Physicians to Perform Euthanasia (Doc. PS-630),” Nuremberg Military Tribunal, NMT 01. Medical Case - USA v. Karl Brandt, et al., English Transcript, 1515 (10 January 1947); Burleigh, Death and Deliverance, 100-101.

5 Burleigh, Death and Deliverance, 99.
against the disabled. I conclude with an overview of anti-disability propaganda that framed the disabled as economically unviable and the economics of euthanasia.

The first section of Chapter Three explores euthanasia in Nazi Germany, highlighting the administrative process of killing. In the second section, I undertake a detailed analysis of the interrelationship between euthanasia and the Final Solution. I argue that there is a substantial and significant overlap between the euthanasia program and the extermination of the Jews through a comparative discussion of the operationalization of euthanasia and the Final Solution. In Chapter Four, I review the role of disability as a substratum in the biologization of the Third Reich, and point to future avenues of research where disability studies’ theory might contribute to the study of the Holocaust and to the field of genocide studies in general.
Chapter 1: Theory and Methodology

Scholarly focus in North America on the euthanasia program has so far been scarce. With the exception of works by Michael Burleigh and Henry Friedlander, the euthanasia program (or Aktion T4) occupies at most a section, and usually just a few pages, in standard English-language studies of the Holocaust.¹ Michael Burleigh, author of a comprehensive work of history on the euthanasia program, argues that scholarship on Aktion T4² has been constrained because it has been treated as “merely the antechamber of the greater, and subsequent, human willed atrocity.”³ Although recently scholars have started a closer examination into this period of history, much work remains. In addition, virtually no sustained research connects modern disability studies theory to the extermination of the disabled in Nazi Germany. The lack of cross-fertilization between genocide studies and disability studies is surprising, particularly given disability studies’ explicit focus on the construction of what it means to be human. Since Nazi euthanasia is the most virulent demonstration of what can happen when the disabled are stripped of their humanity, a sustained analysis from a disability studies framework merits investigation.

The reasons for this oversight are complicated by the fact that, pace Burleigh’s comment, research into the euthanasia program has often treated it as a sort of dress

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² Aktion T4, the program of euthanasia in Nazi Germany, was never given an official title. Instead, it became known through an abbreviation of the address of its headquarters, located at Tiergartenstraße 4 in Berlin.
³ Burleigh, Death and Deliverance, 2.
rehearsal for the mass murder of the Jews. In addition, the categorization of victims targeted by the euthanasia program is rendered complex through how victims came to be targeted as belonging to the category of the “physically and mentally unwell.” Indeed, the very categorization of physically and mentally unwell is troublesome for scholars advancing a disability studies perspective, because it accepts a medicalized categorization, ignoring the larger issue of how value is inscribed on bodies. The important question is how these values become ingrained in the social and bureaucratic structure: who is categorized as disabled, and why? Prominent disability studies scholars Sharon L. Snyder and David T. Mitchell, the only academics to have written a substantive analysis of disability in the German genocide from a disability studies perspective, note:

To highlight the devastation wrought by Nazi medicine, contemporary historians, with little direct knowledge of disabled persons or disability studies, have disturbingly echoed euthanasia movements in their characterization of people with disabilities as pathetic victims of a murderous regime and of their own tragic embodiment.4

In other words, the disabled are viewed in terms of the medical deficits inscribed on their bodies: the mentally ill, the physically deformed, the “abnormal” human. For scholars working in disability studies, this premise is seriously flawed and prone to challenge.

In the analysis of Nazi euthanasia, the absence of a disability studies lens among genocide scholars is glaring. It also presents methodological challenges for scholars attempting such an integration. This thesis seeks to build a bridge between disability studies and the existing English language literature on Nazi euthanasia. In order to facilitate this integration, this chapter draws on key scholarship in the field of disability studies to

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define disability in a social context. Having established disability as a social construct, I use Snyder and Mitchell’s framework for analyzing disability in the context of the Holocaust, and build upon their analysis in the second chapter of my thesis. I also draw on Adam Jones’s analysis of the “multiple and overlapping identities” that the perpetrators of genocide ascribe to their victims. I then examine the debate between functionalism and intentionalism in Holocaust studies, seeking to establish the grounds for a synthesis of the two strands. I use disability studies as the impetus for a new study of Nazi euthanasia and the Final Solution.

1.1 Integrating Disability Studies and Genocide Studies

This thesis is positioned primarily as a work of comparative genocide studies, informed by relevant literature from the critical theory in disability studies. Alexander Hinton writes that comparative genocide studies, or critical genocide studies in his terminology, is generally dominated by the social sciences, and tends to have a positivist orientation, focusing on case studies and empirical findings that reflect a goal to “[discern] commonalities and general principles about the phenomenon of genocide.”⁵ Hinton argues that it should also be “concerned with exploring other fields... that have important insights to bear on genocide even as they ask us to rethink assumptions of the field.”⁶ He notes that important work is being done in critical genocide studies to displace biases that are present in the field.⁷ This reflects the interdisciplinary nature of genocide studies, which continuously reaches into other fields of academic inquiry to interrogate and reinterpret the

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⁶ Ibid.

⁷ Ibid.
historical record. Race and gender are two examples of avenues of inquiry that have been extremely useful in their application to the field. Disability studies can contribute to the dialogue in a similar way, decentering the normative assumptions about disability that are present in Holocaust and genocide studies research.

A primary challenge in integrating disability studies into genocide studies is establishing a definition of genocide that is inclusive of the disabled as a victim group. Defining genocide can be a complicated process. There are two ways in which genocide is defined: first, by the United Nations’ Convention on the Prevention and Punishment of the Crime of Genocide (1948) and second, by scholars working in the field of comparative genocide studies. The United Nations’ Convention defines genocide accordingly:

In the present Convention, genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

a) Killing members of the group;
b) Causing serious bodily or mental harm to members of the group;
c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
d) Imposing measures intended to prevent births within the group;
e) Forcibly transferring children of the group to another group.8

The Convention has been criticized by scholars for its restriction of eligible victims to national, ethical, racial or religious groups. This definition excludes groups of people who are defined politically or socially.9 Accordingly, persons with disabilities would not qualify

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as a member of the group defined under the Convention.\textsuperscript{10} Changing the international legal definition of genocide will likely not be viable any time soon, but resistance to the framework established by the 1948 Convention can be seen in the expansion of the definition under the International Criminal Tribunal on Rwanda (ICTR), which holds that “all stable groups, constituted in a permanent fashion and membership of which is determined by birth” can be victims of genocide.\textsuperscript{11} Under this expanded definition, some groups of disabled persons would be included, but not all, since disability is primarily a social class with fluid membership.

Some genocide studies scholars have been critical of the limits of the United Nations definition of genocide, and as an analytic framework, the term genocide has been broadened by many to include political and social groups.\textsuperscript{12} Adam Jones, in his comprehensive study of genocide, argues that a primary task of genocide studies scholars is to “\textit{define} genocide and \textit{bound} it conceptually.”\textsuperscript{13} Jones surveys the definition of genocide from twenty-two prominent scholars in the field and, of these twenty-two scholars, sixteen embrace a framework that would include socially defined groups, and thus, the disabled. Arthur Blaser, in his definition of genocide for the \textit{Encyclopedia of Disability}, argues that academic definitions of genocide tend to stress that the “essence of genocidal practices is otherness, based on race or ethnicity in some contexts, but based on sexual orientation,

\begin{flushright}
\textsuperscript{12} Jones, \textit{Genocide}, 16-20.
\textsuperscript{13} Ibid., 16.
\end{flushright}
gender, disability, political or economic status in others.”¹⁴ For the purposes of this study, genocide is understood to include socially defined groups. Adam Jones’ modification of Stephen Katz’s definition of genocide provides the academic framework for a comparative genocide studies analysis of disability in the context of Nazi genocide:

Genocide is the actualization of the intent, however successfully carried out, to murder in whole or in part any national, ethnic, racial, religious, political, social, gender or economic group, as these groups are defined by the perpetrator, by whatever means.¹⁵

By drawing from the social definition of disability, established in the body of critical theory in disability studies, we open up the definition of genocide to include the disabled as a distinct victim group.

The field of disability studies is relatively new, originating in the mid-1980s, and its scholars have only recently begun to branch into genocide studies. Within genocide studies, disability is poorly understood and often overlooked. Disability studies is concerned with the idea of “disability as a social category rather than as an individual characteristic,” and is particularly focused on constructions of humanity and inclusion.¹⁶ In an article defining the need for another category of “other” in historical analysis, Catherine Kudlick states that disability is equal to gender and race as an analytical construct used to define what it means to be human.¹⁷

¹⁷ Ibid.
Disability studies is primarily concerned with challenging the dominant definition of disability. Peter Handley defines this as an ‘individual deficit model,’ wherein:

Disability amounts to the reduction or absence of an individual’s physical, cognitive or sensory functions to the point that “normal” functioning and capabilities are restricted or absent and that such states are entirely natural phenomena. In turn, disability is viewed as a “personal tragedy” that is most appropriately dealt with in a narrow sense, as an essentially medical or private issue, rather than as a wider, political and public one.18

This definition of disability is also known as the “biomedical” model, referencing the idea that the disabled are primarily defined by their biological and medical conditions. Defining disability this way is the most common analytical framework, but it is also quite unstable. Such a definition relies on the notion of an ideal human condition, and on having a subject that is in a position to define the ideal condition. For genocide studies scholars, the power dynamic here should be familiar.

What is at issue here is the creation of norms, and the exclusion of those who stand outside of socially created normalcy. Disability studies invites us to consider the idea that disability is, at least in part, a socially defined state of being, implicitly rejecting a wholesale biomedical model of disability. In this body of critical theory, the disabled are defined less by their physical or mental condition than by a society that creates and identifies them as something other than fully “normal”. Gareth Williams writes: “If norms are a product of society, and disability is defined as departure from the norm, then disability is a social construct.”19 Lennard Davis echoes Williams: “The idea of a norm is less a condition of

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human nature than it is a feature of a certain kind of society.”20 In other words, to begin to understand disability, we must first understand the society responsible for its production.

People are stratified within social systems. Human beings are allocated value depending on the values and ethics propounded by the social structure. In genocide studies, this system of valuation has received considerable attention as foundational to genocidal events. The same phenomenon is studied in disability studies, with explicit attention to the construction of disability. Accordingly, both fields can be said to include the study of the valuation of personhood. The “value” accorded to humans within a given society differs depending on the status afforded them within the ideological foundations of that society, or their “social representation.”21

Yet, disability presents several challenges to scholars working within this conceptual framework. As Barbara Altman emphasizes in her study of definitions, models and classifications, disability is not a stable identity. Rather, it is a “complicated, multidimensional concept.” For the purposes of scholarly research, the imperative to define disability as an “either/or” status is not definitive.22 This is important in the context of Nazi euthanasia, because disability was far from a stable concept for the Nazis. Instead, disability was located in a nebulous space of the socially and biologically undesirable. Those with socially undesirable traits, such as perceived criminality (the Asozials), were

understood to be biologically compromised in a way that implicitly embraces a disability framework.

The multiplicity of identities is a prominent reason for a preliminary reexamination of the euthanasia of the disabled. To date, serious scholarship in genocide studies has been neglectful in its assessment of the disabled as a distinct victim identity category. This is critical because in no genocide do the elements of a victim’s identity (or imputed identity) exist in isolation. In a genocide, victims can have multiple identities that often overlap and blur, related to their socio-economic or ethnic status. A victim can be a member of more than one minority group. Genocide studies sub-categorizes instances of genocide according to the particular dynamic at work. As Adam Jones writes:

A given campaign of mass killing can easily be labelled as genocidal, democidal, politicidal, eliticidal, and gendercidal all at once – with each of these designations representing an analytical cut that exposes one aspect of the campaign and serves to buttress comparative studies of a particular “cide.”

This is perhaps especially significant in the context of genocide against the disabled. No comprehensive comparative studies have been undertaken to examine the specific features of the targeting of the disabled as disabled persons, the social construction of Nazi disability and the broader genocide, particularly against Jewish people.

Working from a perspective that embraces disability as socially constructed, disability in Nazi Germany can be understood as manifested within German racism in a uniquely biomedical construction, influenced by a twisted ethics that rationalized human disposability. Accordingly, part of the methodological approach for this thesis is borrowed

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from disability studies. I rely on Sharon L. Snyder and David T. Mitchell’s work on “The Eugenic Atlantic,” which positions disability as a central signifying feature of the bio-racial philosophy of the Third Reich. Snyder and Mitchell develop the concept of disability as a “master trope of human disqualification.” They argue that because disability is a form of “degraded biology” and racism is a form of “absolutist biology,” there is an elective affinity between the two. This is particularly true, they contend, in episodes of mass violence, where designations of “fit” and “unfit” are critical to classifying victim groups.24 An examination of how victim groups are constructed during a genocide shows that the rhetoric of a biomedical model of disability is prevalent and becomes a primary means for classifying human and inhuman.

Snyder and Mitchell argue that “disability may provide a key to the recognition of an underlayer of classification systems based on disqualifying bodily traits that jettison certain people from inclusion in the continuum of acceptable human variations.”25 The philosophical underpinnings of their argument, that disability can serve as an identifier for a system of classification and exclusion, destabilizes the existing record of historical research on the period of euthanasia and the Holocaust in general. To date, no mainstream research acknowledges disability as a significant and contributory element to the system of discrimination and elimination established by the Nazis. Chapter Two of this thesis makes inroads into this research deficit by examining the role of eugenics and racial hygiene in the construction of disability in Nazi Germany in order to facilitate a comparative study of euthanasia and the Final Solution.

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25 Ibid.
1.2 Disability in Nazi Ideology and Genocidal Policy

This thesis argues that there is a definite and discernible connection between the period of euthanasia and Nazi genocide, and that this connection is best understood in the context of an ideology that sought to alter fundamentally the biological landscape of the Third Reich and to operationalize genocide at the state and local levels. Thematically, the euthanasia program is significant for three reasons. First, the program marks a decisive turn in Nazi policy towards a biologically justified and systematically executed mass murder of a defined group of people. It is significant that the first targets were the disabled: they constituted an easily identifiable and vulnerable group in part because large numbers were already institutionalized and quantifiable. There is a well-rehearsed scientific justification for state sanctioned murder that is coded in pseudo-medicalized science. Second, the killing apparatus was transferred directly from the euthanasia centres to the killing centres in the East. Notably, this included a deliberate attempt to hide the killings from the German public at large, and to deceive the victims and families as to what was happening. It also set a precedent for the provision of a degree of psychological/emotional “distance” for the perpetrators through the use of such mechanisms as gas vans and gas chambers.  

The third connection, however, has only recently been emphasized in research by scholars focusing on the structural unfolding of the genocide. Peter Longerich points to

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26 The first large-scale killings of the Holocaust were mass shootings. Participating in these mass shootings often had detrimental psychological effects on the soldiers responsible for the killing actions. Peter Longerich notes that in 1941, during his visit to Minsk, Himmler ordered that a process for killing be found that would be less psychologically damaging. See Peter Longerich, *Holocaust*, trans. Shaun Whiteside (Oxford: Oxford University Press, 2010).
parallels in the way both the Aktion T4 program and the Final Solution occurred. He emphasizes that what might at first look like a systematic, top down, and organized killing process was, on closer examination, the culmination of “a complex network of central planning aims and revisions on one hand and a many-faceted mode of delivery on the other, which was dependent on several regional and chronological variants.”

This fits with modern research in Holocaust studies, which stresses the importance of both top-down leadership decisions and broad ideological impetus, and the way in which bureaucratic functionaries throughout the Nazi realm sought to harmonize the perceived necessities of their own position with the sometimes ambiguous messages emanating from the centre.

Holocaust research, until recently, has been characterized by “strong dichotomies” where schools of thought competed to establish an explanation for the Holocaust. In the 1980s, debate emerged in Holocaust scholarship over the origins of the Final Solution. At issue was a burgeoning new field of research that, as Omer Bartov writes, gave primacy to “specific bureaucratic structures, political and military circumstances, and logistical constraints” to explain genocidal outcomes. Functionalists were diametrically opposed to the more traditionalist intentionalists, who argued that the Holocaust was an “outcome of a long-term policy defined especially by Hitler well before it was actually implemented.”

Intentionalist research interpreted the events leading up to the Holocaust as part and parcel of an existing plan to exterminate the Jews that was in place, depending on the theorist, at

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27 Longerich, Holocaust, 141.
30 Ibid.
the beginning of the Third Reich or in the late 1930s.\textsuperscript{31} Intentionalism focused more on establishing the decision making process at the highest levels of Nazi leadership, paying particular attention to the role of Hitler. By the mid-1990s, intentionalism and functionalism dominated the discourse.

However, in the last decade, debate between intentionalism and functionalism has, to a certain extent, resolved into a more nuanced approach to the historical record that represents something of a synthesis of the two strands. Scholars working from this approach acknowledge the role of the Nazi executive leadership and the ideological imperatives at work in the Holocaust, while at the same time analyzing the role of functionaries in the system who were confronted with administrative necessities and who worked to interpret and apply the broader ideology. What has emerged is a much more refined and complex understanding of how the Final Solution unfolded.\textsuperscript{32}

A notable strain of Holocaust research now considers ideology to be important, but argues conclusively that the Final Solution did not unfold in a uniform or consistent manner under the overarching ideological system.\textsuperscript{33} Instead, it took place within what scholar Dan Stone calls “an overall framework... of anti-Semitic consensus.”\textsuperscript{34} Stone further argues that research has become preoccupied by “the apparent paradox of modern technology being employed in the service of mass murder [which has] stopped us from seeing other aspects

\textsuperscript{31} Bartov, “Introduction,” 4.


\textsuperscript{34} Dan Stone, “Beyond the Auschwitz Syndrome: Holocaust Historiography after the Cold War,” \textit{Patterns of Prejudice} 44, no. 5 (2010), 454.
of the Holocaust.” He highlights in particular the Aktion Reinhardt death camps, which have an important bureaucratic connection to the euthanasia program. Recent scholarship into the Holocaust is making room for other avenues of analysis that pay particular attention to how the Final Solution occurred, systematically and at a local level.

Peter Longerich’s Holocaust: The Nazi Persecution and Murder of the Jews, only recently translated from German to English, is perhaps the best example of this methodological approach, specifically as it engages with the issue of euthanasia and its interrelationship to the Final Solution. Longerich argues that a dichotomizing trend is evident even in the innovative research of the last decade focusing on the perpetrators. He discerns an opposition between “ideology” and “rationality”, and “center” and “periphery”, which echoes the debate between intentionalism and functionalism. As Longerich writes:

The more research develops and is intensified, the more obvious it becomes that oppositional pairings such as intention and function, center and periphery, rationality and ideology, situation or disposition are not mutually exclusive but illuminate varying aspects of historical reality in complementary, even interdependent ways. However, when one attempts to read the relationship of the antagonisms defined as so irreconcilable by historical research in dialectical terms, it seems virtually pointless to keep on trying to play off one element of the opposition against the other. The contradictions can only be resolved if they are regarded as the starting point for developing historical connections on a higher level.

Longerich presents a sophisticated argument about the emergence of the Final Solution that belies any single decision to undertake the wholesale slaughter of the Jews. He asserts that the Final Solution was the result of a series of escalating measures that contributed to a radicalization of Nazi policy and practice. This permits an interrogation of the role of

35 Stone, “Beyond the Auschwitz Syndrome,” 454.
36 The Aktion Reinhardt death camps (Belzec, Sobibor and Treblinka) were established to facilitate the mass killing of Jews from Poland and the General Government as a part of the Final Solution.
37 Longerich, Holocaust, 2.
38 Ibid., 3.
euthanasia in the development of genocide.\textsuperscript{39} He writes: “If the history of the final solution is seen as a chain of ongoing decisions that together come to make up the full content of \textit{Judenpolitik}, then the fate of the other groups persecuted by the Nazis must be considered... insofar as they reveal direct comparisons with or information about the National Socialist’s \textit{Judenpolitik}.” This gives an additional rationale for a reexamination of the period of euthanasia as integral to the process of the Final Solution in the occupied territories in the east, particularly in a comparative analysis.

\textbf{1.3 Challenges and Validity}

This thesis synthesizes an existing body of historical research in a comparative historiographical review in order to establish a new analysis that places disability as a significant factor in the implementation of genocide in the Third Reich. As noted, my methodology draws upon two fields that have not yet been brought into significant contact. There are theoretical assumptions in disability studies that are unarticulated and unacknowledged in genocide studies, particularly a definition of disability as something that is socially constructed over a biomedical/classical definition. I embrace a social model of disability, using key works in the body of critical disability studies theory to establish the parameters of such a model.

I do not, however, engage in a sustained debate over the social construction of disability. This is primarily a work of comparative genocide studies, and it utilizes an existing and well established theory from disability studies to frame the analysis. There is

\textsuperscript{39} Longerich, \textit{Holocaust}, 6.
room in genocide studies for a comprehensive study of how social constructions of disability may or may not fit within genocide studies, but that is outside the purview of this project.

Likewise, I do not claim to present an exhaustive review of the immense Holocaust literature. A 2006 study found that nearly three hundred books were published in English on the Holocaust in that year alone, with a further fifty on the Third Reich.\(^ {40}\) An exhaustive study of the literature is prohibitive for the purposes of this paper. Therefore, I used key terms to delimit my research, and chose only those books that included specific sections on euthanasia or were focused on euthanasia in total. I chose books that are on the cutting edge of Holocaust research, and avoided summary volumes that offer only brief or superficial narratives of the events. For linguistic and practical reasons, I chose to limit my search to works in the English language; however, I hope to develop an analytical framework that can usefully be applied with those more familiar with works in other European and non-European languages.

Language is an additional concern. The killing of the disabled in Nazi Germany was labeled an act of euthanasia. However, it should be noted that while the term euthanasia carries with it the notion of a merciful death, the deaths were by no means a righteous killing. This thesis does not engage in an analysis of the merits and morality of euthanasia, nor does it seek to contextualize what occurred in Nazi Germany in terms of the modern euthanasia debate. Instead, Nazi euthanasia is understood as manifested in a particular ideological environment that rendered it something completely different from a mercy

\(^ {40}\) There was no indication as to the number published in German and other languages. See Gregory Weeks, “Understanding the Holocaust: The Past and Future of Holocaust Studies,” \textit{Contemporary European History} 15, no. 1 (2006): 117.
killing. Instead, it was an outright campaign of mass murder on the basis of social class, fitting well within the definition of genocide established earlier. I argue that Nazi euthanasia was concretely a genocide of the disabled, bearing in mind that the category of disability was fluid and inconsistent in Nazi Germany, and often included racially and socially marginalized individuals as well. Nonetheless, the explicit intention of the program was to eliminate the physically and mentally ill. It was thus principally an action killing people on the basis of a perceived disability, or social status. Speaking in the language of the perpetrators is problematic, but this thesis explicitly equates Nazi euthanasia with genocide and uses the term accordingly.

Similarly, the term genocide presents challenges when discussing the various interlinked Nazi mass murder campaigns. I use genocide to reference the entirety of the Nazi killings, including the disabled and the Jews, but also importantly other social groups that are not a significant part of the analysis in this thesis (the Slavs and Gypsies in particular). However, I also make reference to the Final Solution as a genocide of the Jews in particular, and the euthanasia program as specifically a genocide of the disabled.
Chapter 2: Ideological and Economic Dimensions of the Construction of Disability in Nazi Germany

The reasons for killing the disabled in Nazi Germany were twofold: first, to cleanse the German Reich of biologically unsuitable people and second, to provide an economic remedy for the overburdening of a system engaged in a new war that was already taxed by the extremes of the World War I and the Great Depression. Disability in Nazi Germany was portrayed primarily as a financial concern, and it was fundamentally a question of economic utility that lead to the program of extermination in 1939. However, it was the particular ideology of racial hygiene that provided the basis for the euthanasia program.

The ideological justification for euthanasia in Nazi Germany has its roots in the eugenic science of the late nineteenth and early twentieth century. Though eugenics was common to scientific discourse at the time, the science of eugenics was twisted into a particularly malevolent form in Nazi Germany that justified the wholesale elimination of a population of undesirables. These racial hygiene precepts were also at the heart of Nazi anti-Semitism, and anti-Semitic discourse shares commonalities with that surrounding disability in Nazi Germany. Nazi racial hygiene has its origins in the radicalization of a distinctly German eugenics that was intertwined with Völkisch ideals and Aryan mysticism to embody a pseudo-science into which biology emerged as a religious idealization. Under this idealization, the disabled were depicted as a malevolent and costly sickness in the German body politic for which the state was obliged to provide a remedy.
2.1 Eugenics in the Nineteenth and Twentieth Centuries and the Origins of Nazi Racial Hygiene in Interwar Germany

During the later portion of the nineteenth century and into the first few decades of the twentieth, eugenics was a major focus for the international scientific community. Prior to 1914, Germany’s academic community did not differ appreciably from its counterparts in the international scientific community, particularly in the United States and Western Europe, where eugenics was an increasingly popularized and acceptable scientific ideal.¹ The radicalization of eugenics in Germany happened largely as a result of the catastrophe of World War I and the postwar political climate. This radicalization can be traced to 1920 and the publication of Karl Binding and Alfred Hoche’s *Permission for the Destruction of Life Unworthy of Life.*² Binding and Hoche’s tract was widely disseminated and read by people who rose to positions of influence under the Nazi regime.³ It encapsulates both the scientific thinking of the new science of eugenics, racial hygiene and the frustrations of a society burdened by the financial devastation of World War I. But in order to understand the significance of Binding and Hoche’s work, it is first important to contextualize the international ideals behind the science of eugenics prior to 1914.

Eugenics is a catch-all term to classify a type of science that is primarily concerned with the production of superior human beings. Sir Francis Galton, the English progenitor of the eugenics movement, defined eugenics as “the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost

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¹ Patricia Heberer, *Children during the Holocaust* (Lanham, Maryland: AltaMira Press, 2011), 191.
advantage.”4 The logo used by the second International Exhibition of Eugenics in 1921 is typically hyperbolic in its description of the means and aims of eugenics, defining it as “the self-direction of human evolution” with its roots in every field of academic inquiry.5

Galtonian eugenics concerned itself primarily with selective breeding for idealized traits, a form of eugenics known as positive eugenics. Positive eugenics was favoured mainly in Great Britain, but did not gain as widespread acceptance as did its counterpart, negative eugenics. Positive eugenics was concerned with encouraging reproduction between individuals considered genetically superior. Negative eugenics was primarily concerned with isolating the reproductively unfit, mainly through practices such as sterilization. The United States was the world leader in negative eugenics even before Germany’s foray into legal sterilization; by the early 1930s, over thirty US states had compulsory sterilization laws.6 Such laws were popular; Germany and the United States were joined by over a dozen other countries who passed similar laws during the 1930s. German propaganda released in 1936 draws attention to the fact that Germany was a part of a movement that encompassed the globe.7

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6 Carlson, Unfit, 9.
By the 1920s, eugenics was a growing and accepted scientific theory with a wide range of ideals, theories and aims centered largely on the idea that the human condition could be regulated and improved upon. A full overview of the range of theories at play in the international eugenics community at the time of the ascension of the Third Reich cannot adequately be covered in this thesis. However, for present purposes, it is important to understand that the one unifying feature in all areas of eugenics was the belief that the state’s rights were elevated over those of the individual. It was the state’s responsibility, even duty, to regulate the national health of its people, and a corrupted body was seen as a

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8 "Wir Stehen Nicht Allein"
9 Carlson, Unfit, 276.
direct affront to the health of the state. With negative eugenics, the state had to take an active role in combating the blight upon its national health.

The consequences of such thinking are immediately apparent. If negative eugenics necessitates state intervention to hasten the progress evolution would undertake naturally, then the state becomes actively involved and complicit in deciding who is a contributing member of society and who is not. This process of social selection is integral to a social definition of disability, and is particularly important in Germany’s case. The question remains, then, as to what was so different in Germany that it progressed to killing its disabled? Since sterilization policies were passed in a number of other countries that did not subsequently progress to a program of euthanasia, what conditions were present in Germany to bring about such a radical turn to euthanasia?¹⁰

After World War I, Germany’s political and social climate was primed for a radical interpretation of the ethics and values of the eugenics movement. The war seriously weakened the economic and social fabric of German society and Germans were seeking a remedy for the social destruction in their midst. As Patricia Herberer writes:

[After World War I], the conflict’s unprecedented carnage, coupled with the economic dislocation of the interwar years, underscored in popular discourse the division between hereditarily “valuable” Germans who had died on the battlefield and the “unproductive” Germans institutionalized in prisons, hospitals and welfare

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¹⁰ Euthanasia does not seem to have been a serious consideration in any country other than Germany in this period. In the United States, for example, the option most debated was sterilization. Insofar as there was a debate on the merits of euthanasia, it took place in the context of discussions of mercy killing in the United States and Great Britain. Mercy killing is distinguished from euthanasia by it generally being committed by a lay person rather than a doctor. Physician assisted killing, euthanasia, was not a topic of much concern outside of Germany prior to WWII. See Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill, NC: The University of North Carolina Press, 1995), 7-8; 16, and Shai Lavi, *The Modern Art of Dying: A History of Euthanasia in the United States* (Princeton: Princeton University Press, 2005), 144-145.
facilities, who had remained behind to reproduce and draw their sustenance from the slender resources of the state.  

Domestically, Germany was affected by the carnage of World War I through serious resource shortages during the war that can be partially attributed to the British blockade.  

Food was prioritized first for the military and very last for expendable people in institutions by 1917. Estimates suggest nearly 700,000 people in Germany died due to starvation in the war years, of whom 70,000 were the victims of starvation programs and deliberate neglect in institutions. Kramer writes that:

During the war, German psychiatry took a step towards the negative, destructive potential of modernity, and psychiatric patients became the first intentional victims of hunger. In the mental institutions of Saxony, for example, 8.3 per cent died during the year 1914, but in 1917 30.4 and in 1918 26 per cent died. Even without an explicit ideology, the First World War provided a gruesome field for experimentation with the theory and practice of eugenics.... Most doctors callously deprived their patients of food for the benefit of “the strong” and for national mobilization.  

The idea that beds could be put to better use was an inheritance of World War I and the period immediately following. This logic is evidenced by the fact that initial justifications for euthanasia in 1935 and again in 1938 and 1939 were done under the cover of freeing up space for casualties for the coming war. Alan Kramer suggests that the war climate caused a “subterranean shift in mentalities” in medicine and law. He writes: “In the existential struggle to renew the world, radical, even extreme measures could be considered that were previously unthinkable.” Henry Friedlander reiterates Kramer’s
position, noting that World War I “radicalized the professional classes” in Germany and made them susceptible to extremist theories. The development of Nazi eugenic thought was, in part, an inheritance of World War I.

Eugenics in the nineteenth century was preoccupied with ideas of racial degeneration through polluted bloodlines, but in Germany this ideology took a distinctive form with the development of racial hygiene. Racial hygiene, which emerged in the late nineteenth century in Germany, was the country’s contribution to the new field of eugenics. One geneticist working with this new theory, Erwin Bauer, wrote to the imperial government in 1917: "Would it not be more expedient to prevent invalidism and hereditary inferiority by means of an energetic race hygiene?" For Sheila Weiss, this is indicative of a distinct ideological shift in post-war Germany in the academic community. German eugenics sought, above all, to "boost national efficiency... denoting not only economic productivity but also cultural hegemony. German eugenicists believed that a rational administration of the populace would ensure the necessary level of hereditary fitness thought to be a prerequisite for the long-term survival of Germany."

Wilhelm Shallmayer and Alfred Ploetz, German physicians and the creators of the racial hygiene movement, were concerned with state-sanctioned methods of social “counter-selection” to combat racial degeneration. Racial hygiene in Germany in the late nineteenth and early twentieth century echoed themes of biological degeneration and the

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17 H. Friedlander, Origins of Nazi Genocide, 12.
20 Ibid., 34; Proctor, Racial Hygiene, 15.
“survival of the fittest” common to European and American eugenics. Racial hygiene was concerned, first and foremost, with creating a mechanism for state intervention to remedy what was seen as an inevitable progression towards an unhealthy and unsustainable society. However, German racial hygiene is distinguished from negative eugenics through a scholarship that proposed radical and extreme remedies to what was considered a state issue. Additionally, a later preoccupation with Aryanism as the racial ideal moved it outside the eugenics embraced by the international scientific community because anti-Semitism was not a primary feature of eugenics as it was eventually in racial hygiene under the Nazis.21 This occurred in the 1930s when elements of the Nordic movement were incorporated into racial hygiene precepts, a forerunner of the philosophy taken up by the Nazis where the Jews constituted the heart of the racial threat.22 Early racial hygiene was not anti-Semitic in nature and did more closely reflect eugenics in other countries. It was overwhelmingly concerned with the physically and mentally unfit, particularly those in institutions. In the post- World War I period, the focus on state intervention to solve this problem was rendered more urgent largely as a result of the economic situation in Germany.23

It was in this climate that, in 1920, Karl Binding and Alfred Hoche published a tract entitled Permission for the Destruction of Life Unworthy of Life. Dr. William Cheshire argues that this work was a key turning point in the development of genocide in Nazi Germany because it established a critical “break with Hippocratism” and became the precursor to the

21 Proctor, Racial Hygiene, 195.
22 Ibid., 28.
23 Kramer, Dynamic of Destruction, 325.
development of Nazi racial hygiene precepts which, combined with a fundamentally utilitarian argument for killing, contributed to the wide scale killings of the genocide.24 The authors were responding to the radicalization in academic circles that dominated in the interwar years.25 Binding and Hoche represented the culmination of this radicalization with their concept of “life unworthy of life,” or lebensunwerten Lebens.

The tract contains two essays. The first, written by Binding, forms the legal argument for suicide, assisted suicide and ultimately euthanasia, while the second, written by Hoche, focuses on the medical justifications for euthanasia of the medically unfit. Their work spurred other academics to theorize on the destruction of unworthy lives and, though their theories were not accepted during the Weimar Republic, it resonated loudly in German academic and bureaucratic circles. Binding and Hoche’s work never gained attention outside of Germany, where debates on killing the disabled were focused on mercy killing (as distinguished from eugenics by its association with the layperson as primary actor in the hastening of death).26 Binding and Hoche were primarily concerned with medical justifications for euthanasia, though economic rationalizations are given to reinforce the medical argument. The tract definitively marks the point where German eugenics deviated from the international norm, evincing a radicalization that was not present outside Germany. It was foundational to the development of a Nazi euthanasia policy. Hoche’s tract, in particular, had a profound influence on the doctors who were centrally involved in Aktion T4:

25 H. Friedlander, Origins of Nazi Genocide, 12.
26 Ibid., 18; Lavi, The Modern Art of Dying, 144-145.
From the program’s co-director Karl Brandt (1904–1948) and administrators such as Viktor Brack (1904–1948) to the pediatricians who selected infants for ‘euthanasia,’ Werner Catel (1894–1981) and Ernst Wentzler (1891–1973)—inventor of an incubator for premature babies—all had read Hoche or been his students. Their discourse was studded with Hoche’s language, especially *lebensunwerten Lebens*, the idea that certain people lived a life unworthy of being lived. Most had accepted Hoche’s views before joining the program. Some, like Werner Heyde (1902–1964), had attended Hoche’s lectures. Others report that Hoche’s ideas were used to recruit them into the program.27

It is difficult to overstate the extended influence of this text in the Third Reich, which was considered relatively marginal in scholarly circles during the Weimar Republic, particularly when one considers how much of its contents reflect Nazi policy, both official and covert.

Of particular note is the careful work Binding and Hoche undertake to create a bureaucratic infrastructure and medicalized model for killing, and the focus on what is and is not a life worthy of living. Binding, for example, describes a process to be instituted to facilitate state sanctioned killing that includes a government board (the decision making process), the composition of the board members and the need for a final reporting mechanism. He arrives as this process after a lengthy legal-philosophical consideration of what constitutes life and thus the justification for ending life that is not life according to his definition. This process is mirrored in the institutionalization of euthanasia in Nazi Germany. Hoche notes the potential for abuse of a system of euthanasia but suggests the solution can be found in “creating a carefully followed procedure.”28 He, too, is concerned

that the appropriate processes be created to legitimize the killing. The bureaucratization of killing was an essential component of Nazi genocide.

Binding and Hoche’s work expresses a twisted rationality that creates the idea of disposable people. This is, to a great extent, because the people discussed in their work as targets for euthanasia are constructed as hideous monsters. There is a close connection between the grotesque and the disabled; they frequently stand in for the basest horrors of the human condition. Both Binding and Hoche are predominantly concerned with establishing a bureaucratic mechanism for the oversight of such killings, largely to remove culpability from the doctor and establish policies and procedures whereby such killing is both legal and desirable. The killing is thus cleansed by bureaucratic efficiency. More than this, it is an act of mercy, one to be celebrated with no handwringing required. Their work, however, hinges on the idea that there is such a thing as a sub human being.

Binding defines a second class of human being: those who cannot, by virtue of deficiency, participate in the decision to end their own life. In Binding’s work, the disabled appear as “incurable idiots, no matter whether they are so congenitally or have (like paralytics) become so in the final stage of suffering.” Binding is merciless in his categorization of this group. He names them the “fearsome counter image of true humanity... who arouse horror in nearly everyone who meets them.” In it, Binding further defines the disabled as “useless eaters,” writing:

Their life is completely without purpose, but they do not experience it as unbearable. They are a fearfully heavy burden both for their families and for society.

29 Binding and Hoche, Die Freigabe der Vernichtung, 249.
Their death does not create the least loss, except perhaps in the feelings of the mother or a faithful nurse.  

Thus, the demonized disabled become the principal threat to an otherwise healthy society; they exist solely as a drain on societies’ resources.

It is Binding’s colleague Hoche, however, who would have the most profound influence on the development of Nazi eugenics, and specifically the targeting of the disabled. Hoche’s essay, a reflection on the medical ethics of euthanasia, is explicitly and almost obsessively focused on the “complete idiot.” It is Hoche who establishes the concept of life unworthy of life with this question, which he answered ringingly in the affirmative: “Is there human life which has so utterly forfeited its claim to worth that its continuation has forever lost all value both for the bearer of that life and for society?” Both Hoche and Binding are concerned with prioritizing social collectivity over the individual. Hoche, in particular, advances an economic argument for “culling” the population:

In the prosperous times of the past, the question of whether one could justify making all necessary provision for such dead weight existences was not pressing. But now things have changed, and we must take it up seriously. Our situation resembles that of participants in a difficult expedition: the greatest possible fitness of every one is the inescapable condition of the endeavor’s success, and there is no room for half-strength, quarter-strength, or eighth-strength members. For a long time, the task for us Germans will be the most highly intensified integration of all possibilities—the liberation of every available power for productive ends.

The idealization of the sacrifice of the few for the many is hardly new, but presenting this argument with respect to the winnowing of the population is an essential component of the eliminationist ideology that developed progressively in Nazi Germany, leading eventually to the wholesale genocide of undesirable groups of people. The

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30 Binding and Hoche, *Die Freigabe der Vernichtung*, 249.
31 Ibid., 261.
American doctor Leo Alexander, who worked as a medical advisor during the Nuremberg trials, argued in 1949 that medicine under Nazism became another weapon in the arsenal:

Science under dictatorship becomes subordinated to the guiding philosophy of the dictatorship. Irrespective of other ideological trappings, the guiding philosophic principle of recent dictatorships, including that of the Nazis, has been Hegelian in that what has been considered rational utility and corresponding doctrine and planning has replaced moral, ethical and religious values.\(^{32}\)

In Nazi Germany, the ideas expressed by academics such as Binding and Hoche were merged with the precepts of racial hygiene to underpin a ruthlessly efficient campaign against the disabled.

### 2.2 Racial Hygiene and Disability in the Third Reich

Nazi Germany passed the Law for the Prevention of Genetically Diseased Offspring on July 26, 1933, thus enabling the sterilization of the mentally and physically unwell. This was the first legal measure in Nazi Germany that isolated the disabled as a distinct target group. It is difficult to pinpoint exactly who constituted the disabled in Nazi Germany. In broad strokes, the Nazis were primarily concerned with physically and mentally ill people who could be constructed as constituting the hereditarily ill:

For the purposes of this law, any person will be considered as hereditarily diseased who is suffering from any one of the following diseases:

1. Congenital Mental Deficiency,
2. Schizophrenia,
3. Manic-Depressive Insanity,
4. Hereditary Epilepsy,
5. Hereditary Chorea (Huntington’s),
6. Hereditary Blindness,
7. Hereditary Deafness,

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(8) Any severe hereditary deformity. Categories (5) through (7) are specific, but categories (1) through (4) and (8) are highly nebulous and subject to interpretation. As Michael Burleigh notes: “The aim here was clearly to cut off escape routes rather than to prevent miscarriages of this peculiar form of ‘justice’... [T]he Law was a declaration of faith rather than a matter of scientific certitude.”

The first category, Cognitive Mental Deficiency, was used as the diagnostic criteria in 50% of the cases with schizophrenia. Manic depressive insanity and epilepsy were the diagnosis in a further 45% of cases. While today we may have developed more sophisticated diagnostic criteria for schizophrenia, manic depressive insanity and epilepsy, in Nazi Germany these three illnesses were not so precisely understood. Rather, they were most often used to diagnose behaviour that strayed from the normal path.

The Law for the Prevention of Genetically Diseased Offspring is an example of how, in Nazi Germany, deviation from the social norm was constructed as disability. The disabled were those who were viewed, under the ideological strictures of the Nazi state, as fundamentally lacking in key physiological or mental features that permitted conformity with social norms and practices. Anyone who did not conform to the norm could be shuffled off into an undesirable group, with disability operating as a catch-all category. Therefore, one must include the socially marginalized in this group as well. In Nazi Germany, the disabled constituted a diverse group of people who were not only physically and mentally ill, but also socially ill. Essentially, Germany, under the Nazis, provided a

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34 Burleigh, Death and Deliverance, 64.
35 Longerich, Holocaust, 47.
justification to connect abnormal or deviant behavior with mental illness, allowing for the inclusion of any socially deviant behavior under a category of disability. The socially ill, or Asozial, were described as “human beings with a hereditary and irreversible mental attitude, who, due to this nature, incline towards alcoholism and immorality, have repeatedly come into conflict with government agencies and the courts, and thus appear unrestrained and a threat to humanity.” Peter Longerich notes that the framework for the Azocial was “in its very vagueness, unambiguously racist by nature, since it acted as a negative counter-selection to the striven-for Aryan racial ideal.” In this way, disability intersects with race as a criterion for exclusion. This thesis argues that this process paved the way for the “disability” framework to overlap, conceptually and practically, with groups depicted as lying outside the “norm” on primary grounds of ethnicity.

However, persons with disabilities were not automatically accorded a negative status. Another group of disabled people comprised a large population in Germany at this time, and they held a unique place in the social structure of Germany’s disabled population. Germany had a large number of disabled veterans returning from World War I. These men were not configured in the same way as other disabled individuals because they were injured in service to the state. In fact, disabled veterans were held up as an example by the Nazis, prior to their ascension, of how German institutional resources were being misallocated and wasted on other persons who were disabled from a source other than the

38 Longerich, Holocaust, 92.
war. The Nazis campaigned on the notion that these resources should be better used to protect and rehabilitate German war heroes.³⁹ As a result, they gained widespread support among German war veterans because they were perceived as valuing the veteran’s contribution, while the Weimar government was not. Deborah Cohen notes that “the bitterness of war victims was infamous; as the state’s favoured wards, their discontent implicated the Republic. For Weimar’s enemies, most prominent among them the National Socialists, disabled veterans became a vital constituency to be courted.”⁴⁰ Moreover, as visible paragons of the militarism that underpinned the Nazi state, these and only these disabled served to validate rather than threaten the norms that the regime sought to inculcate.

As a result, disabled veterans were given a specific and special status in Nazi Germany. The focus was on their rehabilitation and reincorporation, not their internment and expulsion from the body politic. They were accorded enhanced value in spite of any inability to contribute according to the Nazi government’s understanding of utility and efficiency. Moreover, their general ability to reproduce biologically meant that they could serve to bolster the state by producing offspring who would presumably inherit their former physical vigour, militarized heroism, and economic productivity. This serves as a reminder that the key to identifying the disabled as a victim group in Nazi Germany lies in the “politics of exclusion” at the heart of Nazi racial hygiene. These precepts were predominately

³⁹ Carol Poore, Disability in Twentieth-Century German Culture (Ann Arbor: The University of Michigan Press, 2010), 88-89.
concerned with genetic heritage and the future construction of a Nazi racial elite. In other words, disability became a problem only when it was a biological-political concern (the two being inseparable in the Nazi mind); an inherited defect, on the other hand, was enough to place a person at serious risk of internment and, eventually, execution at the hands of medical professionals.

I turn now to explore the dimension of hereditary (inherited) racial purity more closely. In Nazi Germany, political discourse was dominated by an overarching concern with such purity. The Weltanschauung was shaped in terms of a politics of interdiction with racial hygiene as the predominant guiding feature in this exclusionism. The German racial hygiene movement emerged in the late nineteenth century in response to fears about the “degeneration” of the German Volk; the word Rassenhygiene defines a concern for the health of the race in toto. In Nazi Germany, the focus on racial hygiene was of preeminent importance. In a speech to youth in 1935, Dr. Walter Gross, head of the Nazi Party Racial Policy office, summarized the Nazi worldview thusly:

I said then that the doctrine of blood and race is not for us primarily an important and interesting part of biological thinking, but above all a political and worldview attitude that determines our fundamental approach to many aspects of life. The two most important facts underlying this approach are the knowledge of the power of inheritance and the knowledge of the deep and spiritual significance of racial differences within humanity.

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42 Proctor, Racial Hygiene, 15.
Longerich argues that the politics of National Socialism can be viewed as constituting “a hegemony of race” wherein “social, economic, domestic and foreign policy was subsumed under an all-embracing racial problem or Jewish Question.”

This hegemony of race encompassed a range of victim groups, with the Jews as the preeminent enemy of the German Aryan race. However, Nazi racist policy was not limited to the Jews. The discriminatory practices of the Third Reich targeted any group that could be constituted as racially inferior to the Aryan idea. The Gypsies and Slavs were particular targets under this racist regime. The Gypsies were enemies on two fronts, viewed as dangerous both because they were a racial other in the German culture but also because they were viewed as inherently asocial. There was some cross-fertilization between the targeting of the Gypsies and the disabled; initially, Gypsies were viewed as mentally ill.

The construction of race in Nazi Germany was a highly complex issue, but underlying characteristics can be highlighted. Race in Nazi Germany was concurrently a scientific and an ideological construct. Anti-Semitism was shaped by long held traditions but also by an overarching concern with the allegedly impure nature of Jewish blood. Similarly, this racial impurity justified the targeting of other non-desirable groups. The disabled were pulled into this category because racial hygiene precepts argued that any perceived imperfection

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44 Longerich, Holocaust, 31.
45 Ibid., 46.
in the human condition was hereditary and race-based. Furthermore, race was shaped in mostly negative terms; there was no consistent logic to what constituted a proper German, only a set of rules as to what did not. This included a wide variety of social and racial groups, including the Jews, the Gypsies, the Slavs, the disabled, homosexuals, asocial individuals, and anyone who fell outside the Aryan ideal. These rules were largely justified with medicine.

Race was conflated with medical diagnosis to such an extent that it became possible to classify fully all undesirable elements as fitting into a category of biological deviance. The process of weeding out those who did not meet the Aryan ideal targeted the Jews, the disabled, anyone deemed racially inferior (the Gypsies, Slavs and other ethnic minorities) and the so-called Azocials. The predominant construction used to frame these individuals as un-German was one of racial hygiene. Robert Proctor, in his book on Nazi medical practice, argues that “no sharp line divided the destruction of the racially inferior and [that of] the mentally or physically defective.” At the Nuremberg trials, Dr. Mennecke, who worked in the Nazi extermination camps, highlighted the lack of clear distinction in providing the justification for extermination:

Attorney: How was it [the decisions to kill] done prior to this? What was your job in the concentration camps?
Mennecke: The examination of certain prisoners with respect to the questions of psychosis or psychopathy.
Attorney: So it was first a question of mental illness?
Mennecke: Yes. That is, alongside the political and racial question I also had to make purely medical judgments.
Attorney: So, you had two kinds of cases: the mentally ill, which had to be

49 Longerich, Holocaust, 30.
50 Proctor, Racial Hygiene, 178.
51 Ibid., 209.
evaluated according to medical criteria, and those which had to be evaluated according to political and racial criteria?

Mennecke: One simply cannot distinguish the two, Herr Attorney. The two cases were simply not divided and clearly separated from one another.52

Mennecke’s testimony highlights the reality that the line between disability and race in Nazi Germany was fluid. But always, at the centre of the equation, is the idea of hereditary illness. The body stands as signifier for the health of the nation state: the diseased body reflects corruption in the body politic, a corruption that necessitated, even obligated, the state to intervene with a resolution.

Of critical importance is the idea that the diseased body and mind precluded the individual from membership in the human community. Just as German anti-Semitism worked hard to exclude the Jews from their fundamental humanity, Nazi propaganda against the disabled also served to highlight the otherness of the disabled to such an extent that they seemed grotesque in their disability. The question of how best to deal with these people who were seen as a blight to the German population morphed to extermination in a series of ideological shifts, much as what occurred with the campaigns against Jews, proceeding from emigration to internment to eventual extermination. Only the internment need be justified to the public; the extermination phase was always intended to be carried out in secret. As a result, propaganda focused on inuring the German populace to the idea of the “other” and stripping away the fundamental humanity of these subjects.

Throughout the 1930s, Germany was aggressive in promoting the Aryan idealized body as a metaphor for the health of the state. This message was promoted through the

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52 Alexander Mitscherlich and Fred Mielke, Medizin ohne Menschlichkeit: Dokumente des Nürnberger Ärzteprozesses (Frankfurt: Fischer Taschenbuch Verlag, 2009), quoted in Proctor, Racial Hygiene, 209.
wide distribution of propaganda in posters, films, newspapers and especially in educational material. A 1938 textbook illustration invited students to consider whether Germany’s future citizens should look like the Aryan ideal or a motley collection of people with uniforms, shaved heads, slouched stances and (occasionally) disfigured faces. The disabled in this picture are a symbol of a weakened German nation state, and an exemplar of the hereditary deficiency that the German state meant to correct through measures such as sterilization and, shortly after the 1938 textbook was published, euthanasia.

Figure 2: “Germany’s Future Generations (1938)”

An important tool in this effort to ostracize was the new medium of film. Several movies were released in the 1930s to accustom the German population to the increased

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54 Ibid.
incarceration of the physically and mentally disabled. These films are informative because they were used not only as a means of public propaganda but also as a means to instruct employees during the euthanasia.\textsuperscript{55} The film \textit{Erbkrank} ("Hereditarily Ill"), a propaganda film produced by the Nazis in 1936, was particularly virulent in its depiction of the disabled. \textit{Erbkrank} illustrates the connection between degraded biology and the responsibility of the Reich to set the right path. In the opening scene, a text on the screen appears: "What casualness and frivolity have destroyed, what thoughtlessness and lack of conscience have handed down, is protected and cared for here."\textsuperscript{56} Images are then shown of people clearly suffering from various illnesses, but filmed in such a way as to highlight their otherness. The film implies that it is German irresponsibility in breeding that leads to an impure \textit{Volk}, and furthermore, that it is the responsibility of the state to right the wrong that has been done.

There is also a connection between disability configuration in the German Nazi state and the infamous Degenerate Art exhibit in 1937. In the exhibit, works of modern art were placed alongside drawings from asylum patients in a bid to equate the diseased mind of the mentally ill with modern art. Of particular issue to the Nazis was the misrepresentation of the human form. Carol Poore concludes that "almost all the works labeled as degenerate art were condemned by being associated with disability because of their fragmentation, distortion and ugliness."\textsuperscript{57} In Nazi Germany, art was inextricably bound with German

\textsuperscript{55} Burleigh, \textit{Death and Deliverance}, 189.

\textsuperscript{57} Poore, \textit{Disability in Twentieth-Century German Culture}, 92.
culture. The process of isolating an authentic Aryan/Völkisch culture from corruptive elements was a priority for the Nazi party. Transparently, these efforts were mainly undertaken under a process of “dejudification” in art, music, theatre, film and other areas of artistic production.  

It is interesting that this process often involved directly connecting modern art with both Judaism and mental illness. This reinforces the connection Nazi Germany drew between health, race and heredity and illustrates how categories were fluid in Nazi Germany, confusing efforts to isolate the identity of the disabled as a victim group. However, this cross-fertilization of victim groups is very much a feature of genocide. As Jones notes, group identities “never exist in isolation.” He argues that “genocidal targeting is always the result of a blurring and blending of identities.”

Rael Strouss and Henry Friedlander argue that there is a further important link between the euthanasia of the disabled and the extermination of the Jews that has been largely overlooked. Despite the claims by Victor Brack, the head administrator for the euthanasia program, that “Jews were not granted the good fortune of euthanasia” according to the state policy at the time, the Jewish mentally ill were among the first victims of the Jewish Holocaust, specifically targeted for both their status as the mentally ill and their Jewishness. This dual diagnosis further emphasizes the multiplicity of victim categories and points to an interrelationship between disability and anti-Semitism.

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58 Longerich, Holocaust, 81.
Consequently, it is important to analyze further the relationship between anti-Semitism, as the hallmark of Nazi racist thought, and disability.

2.3 Anti-Semitism and Disability

There are important commonalities between anti-Semitism and discrimination against the disabled that help us to understand the development of Nazi racist thinking and the exterminationist mindset. It is important, however, not to exaggerate the correlation between disability and anti-Semitism. One of the problems in highlighting the relationship between disability and anti-Semitism in Nazi Germany is that it runs the risk of minimizing or obscuring the role of anti-Semitism and racialist thinking, and inflating the role of disability in shaping Nazi ideology. This potential minefield can be avoided if we understand disability to be one of several features of German racism and anti-Semitism, though one that to date has been overlooked. If physical difference from the socially established norm is used as a way to designate the sub-human, then disability forms a part of the discourse and should be considered.

The ideas of Sharon Snyder and Timothy Mitchell are particularly relevant to any attempt to reconcile the role of disability in Nazi Germany within the context of anti-Semitism. Snyder and Mitchell argue that disability is a “master trope of human disqualification” where disability serves as a form of “degraded biology” and race as a form of “absolutist biology” with biology as the connective thread.61 In Nazi Germany, sickness was a key defining characteristic of the disabled; they appear as the physically and mentally

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ill. Thus, in a critical sense, their biological integrity had been sufficiently compromised so as to constitute a legitimate threat to the state. This was taken one step further with the Jews, who were also portrayed using medicalized language. However, this medical language shifts the threat from passive to aggressive; not only were the Jews a sickness in the body of the state, they were an invasive disease threatening the very fabric of German society. This disease is configured as a crippling condition. In Nazi Germany, a defining feature of anti-Semitism was its connection to biology: the Jews were seen as the ultimate source of “biological degeneration.” In one German doctor’s words, the Jews were “a diseased bacillus, eating its way into the body of the German people.” Goebbels described the genocide against the Jews in explicitly medicalized language: “Our task here is surgical [to make] drastic incisions, or someday Europe will perish of the Jewish disease.” In Mein Kampf, Hitler described the Jew as “a parasite, a sponger who, like a pernicious bacillus, spreads over wider and wider areas according as some favourable area attracts him.” This preoccupation with degeneration, biology and disease is a recurrent theme in Nazi anti-Semitism.

The embodiment of the Jew as the harbinger of racial disintegration and societal destruction was a key characteristic of Nazi anti-Semitism. Snyder and Mitchell identify features of racial thinking that link disability and race together through biology. They argue that race attains an “immutable quality” due to the use of “biological traits.” This biological

63 Proctor, Racial Hygiene, 176.
preoccupation with the body serves as what Snyder and Mitchell call the “primary locus for an analysis of human disqualification shared by racial others and people with disabilities.”

Several of the features Snyder and Mitchell identify are essential to the character of anti-Semitism in the Nazi era. They argue that racism and anti-disability thinking share at their core: 1) a compendium of character traits that can be classified by “cultural and environmental factors” but are constructed as biological; 2) the belief that these biological defects can be passed on through reproduction and, accordingly, reproduction must be constrained; 3) the development of segregation and/or extermination procedures focused on a core group of people deemed “unassimilable”; and 4) a “utopian social vision” that envisioned a “homogenous cultural location where all undesirable elements are erased.”

Saul Friedlander’s construction of redemptive anti-Semitism is particularly apropos in the context of Mitchell and Snyder’s conception of biological racism. He argues that, in Germany, anti-Semitism took on a particular caste, fusing a mystical preoccupation with Aryan blood purity with a religiosity that emerged with what he calls “redemptive” anti-Semitism. This new strain of anti-Semitism was “born from the fear of racial degeneration and the religious belief in redemption.” Friedlander continues:

The main cause of degeneration was the penetration of the Jews into the German body politic, and into the German bloodstream. Germanhood and the Aryan world were on the path to perdition if the struggle against the Jews was not joined... Redemption would only come as liberation from the Jews.”

The language here links us back to the biological. The Jew is an enemy because he constitutes a threat to the purity of the German Volk. The Jew is not assimilable; he dilutes

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67 S. Friedlander, Nazi Germany and the Jews, Volume I, 104.
the purity of the German blood and destabilizes German society. What is distinct about German anti-Semitism for Friedlander is the idea that the destruction of the Jews would result in redemption for the German people. In the pseudo-scientific thought of Nazi Germany, liberation from the Jews would bring about a utopian healing of the body politic. Although the body politic itself is constructed in negative terms, an ideal is presented. The blond haired, blue eyed, physically fit Aryan Übermensch was a physical construction of a utopian idealization. Thus, its opposite physical form, one characterized by deformity from the Aryan ideal, was an important trope in the Nazi ethos.

A recurrent theme in German propaganda is the Jews’ allegedly distorted physical form. Since the psychiatrically ill dominate the discourse around disability in Nazi Germany, and such illnesses are often physically invisible, it is worth noting this preoccupation with embodying defect among the Jews. The utopian vision of a German Volksgemeinschaft could not be brought about in a positive way; it manifested itself only in the destruction of an “omnipresent and omnipotent enemy” through a process of “differentiation, distancing and liberation.”68 One significant component in this process was the isolation of the Jew as physically deviant. In Nazi Germany, there was a marked tendency to attribute physical difference in order to substantiate moral degeneracy. In other words, the disfigured, abnormal or exaggerated human form was a visual stand in for the sub-human. Since many of these features were associated with disabilities, disability figures as a sort of shorthand in anti-Semitism.

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68 Longerich, Holocaust, 85.
Hans F.K. Gunther, the father of the academic study of the Jew under Nazism in the 1930s, was preoccupied with delineating the physical manifestation of Judaism. His work, *Racial Characteristics of the Jewish People*, was foundational to Nazi racial science and the particular form of anti-Semitism that emerged in Nazi Germany. Many of the Jewish stereotypes that became ubiquitous in Nazi Germany were given scientific credence in his work.\(^6^9\) In Gunther’s work, the Jew appeared as possessed of a disproportionally formed body, with shorter arms and legs and a rounded back. Alan Steinweis, who has analyzed Gunther’s work extensively, summarizes his depiction of Jewish facial features accordingly: “[The Jew has] bulging lips, heavily eyelids, large, fleshy ears, loose skin, hairiness, and a prominent nose.” Gunther was also preoccupied with identifying Jewish movements. The Jew’s walk was “dilapidated and crooked... [and] creeping” with a tendency towards shuffling. Their forearms were in constant movement. Jewish speech was “hissy, shrilling, buzzing and messy.” Finally, reiterating stereotypes from the Middle Ages, Gunther asserted that the Jew was distinctly odiferous.\(^7^0\) Essentially, the Jew was partially characterized by virtue of deviation from the normal human body.

Nazi propaganda against the Jews focused almost obsessively on bodily differences. A German children’s book published in 1938 is explicit in embodying defects in a way that distinctly connects to themes of disability and is emblematic of the discourse of this period:

One can most easily tell a Jew by his nose. The Jewish nose is bent at its point. It looks like the number six. We call it the Jewish six. Many non-Jews also have bent noses. But their noses bend upwards, not downwards. Such a nose is a hook nose or an eagle nose. It is not at all like a Jewish nose.... One can also recognize a Jew by his


\(^7^0\) Steinweis, *Studying the Jew*, 35-38.
lips. His lips are usually puffy. The lower lip often protrudes. The eyes are different too. The eyelids are mostly thicker and more fleshy than ours. The Jewish look is wary and piercing. One can tell from his eyes that he is a deceitful person.... Jews are usually small to mid-sized. They have short legs. Their arms are often very short too. Many Jews are bow-legged and flat-footed. They often have a low, slanting forehead, a receding forehead. Many criminals have such a receding forehead. The Jews are criminals too. Their hair is usually dark and often curly like a Negro’s. Their ears are very large, and they look like the handles of a coffee cup.... One can recognize a Jew from his movements and behavior. The Jew moves his head back and forth. His gait is shuffling and unsteady.  

Not only is the Jew identified by his hooked nose, but also a deformed face and body, including odd mannerisms. However, the most frequent theme was of facial disfigurement, with the most common trope being that of the lengthened hooked nose. Posters for the film Der Ewige Jude (The Eternal Jew), a film commissioned in 1940 by Goebbels, are particularly obvious in their deployment of this stylistic device.

Figure 3: “Der Erwige Jude (1940)”

The noses featured in this poster are all the exaggerated “6” shape promoted throughout German propaganda in this era, but we also see the disfigured face in general: fleshy lips, sloped foreheads and beady eyes. Embodying facial difference was a signifier meant to distance the Jews from their humanity.

Given the connections between disability and anti-Semitism, it is tempting to draw correlations between the two forms of hatred in Nazi Germany. It is important, however, to delineate the position of the Jews in Nazi Germany as uniquely susceptible to a particularly virulent and encompassing hatred that was deeply ideologically driven. While concern over “useless eaters” was a feature of Nazism, it was not an all-consuming obsession in the same

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73 “Der Erwige Jude”
way that anti-Semitism shaped the Nazi discourse. One of the dominating features of Nazi anti-Semitism was a hybridized enemy that conflated the Jew with Bolshevism.\textsuperscript{74} The political construction known as the Jewish-Bolshevik was the ultimate enemy in Nazi Germany.\textsuperscript{75}

Another important marker that separated the disabled from the Jews is that the former’s destruction was more driven by economic rationalizations.\textsuperscript{76} Though economics played a crucial role in the murder of other ethnic and social groups, especially in the destruction in the East, it is more explicitly pronounced with the disabled. The Nazis understood the disabled to be a threat to the integrity of the purity of the German Volk, but it is critical to the progression from institutionalization to euthanasia that racial hygiene precepts emerged in the context of severe financial distress. For the disabled, racial hygiene’s ultimate purpose was to give justification to what was primarily expressed as an issue of economics: too many useless people and not enough money to take care of them.

\textbf{2.4 The Economics of Killing the Disabled in the Third Reich}

A biomedical model of disability, by its very nature of classifying the disabled as abnormal, is prone to extremes. It permits an adjudication of the value of human life, particularly in a society under stress. William Cheshire notes that just such an environment existed in the Third Reich, writing that, after 1933, “a dense moral fog had descended on medicine” that was concerned with categorizing humanity into the ideal and the imperfect,

\textsuperscript{74} Longerich, \textit{Holocaust}, 180.
\textsuperscript{76} Proctor, \textit{Racial Hygiene}, 183.
with the imperfect constructed as a massive burden on society.\textsuperscript{77} \textit{Aktion T4} can be understood as an economic remedy to a social problem that had been constructed by medicine gone seriously astray. In his book \textit{The Age of Triage}, Richard Rubenstein established a concept that is particularly relevant in this context: that of a surplus population, rendered thus because their functional worth was questionable.\textsuperscript{78} Though not specifically attuned to the issue of disability, his theory is clearly applicable when examining the euthanasia of the disabled. Those with the least economic value, the ranks of the vulnerable and dispossessed, are often (and perhaps mostly) people with disabilities. John K. Roth summarizes Rubenstein accordingly: “Where more people exist than are wanted, man-made death is never far behind.”\textsuperscript{79}

The economic challenge of dealing with the disabled was an inheritance from World War I and the Weimar Republic. During World War I and in the years following, as noted, nearly 70,000, or fully one-half of all German psychiatric patients starved to death in asylums that had cut the allocation of food because of a lack of financial support.\textsuperscript{80} Germans who were on the brink of starvation due to the British blockade were susceptible to the rationale that food was being wasted on the institutionalized, who were not contributing members of German society.\textsuperscript{81} In the aftermath of World War I, scientists argued that the massive causalities on the battlefields had formed a kind of “counter

\textsuperscript{77} Cheshire, “Turning a Blind Eye,” 8.
\textsuperscript{80} Poore, \textit{Disability in Twentieth-Century German Culture}, 178.
\textsuperscript{81} Bryant, \textit{Confronting the Good Death}, 20.
natural selection”, wherein the best of the generation’s men were dead and a large portion of the survivors were maimed or had a mentally illness caused by the war, such as shell shock. Thus, resources for Germany’s institutions were already stressed from accommodating those that had been institutionalized for injuries not related to war. Space had to be made to rehabilitate veterans who were deemed worthy of social support. In this context, a rational and well-worded justification to eliminate a great portion of the problem was welcomed by some doctors and bureaucrats.82

The disabled were presented as suffering in their existence as a justification for a remedy to a serious economic problem that had been inherited by Hitler’s government. Michael Bryant argues that, by 1920, “military defeat, political upheaval, mass death, and famine had altered the moral landscape within German medicine.”83 It was in this context that Binding and Hoche wrote their tract calling for the death of unworthy life. German medicine was the first area in which this devaluation of the disabled to the extent that they were deemed unworthy of their own existence was articulated. And it was precisely and explicitly a devaluation; the disabled were viewed first and foremost in terms of their financial utility to German society. Reiterating Rubenstein again, they lacked “functional worth.”84

The connection between euthanasia and economics was made even more explicit by Nazi officials, both prior to the conceptualization of the program and during its formulation. In 1935, Gerhard Wagner, head of the National Socialists’ Physicians’ League, spoke to the

83 Ibid.
84 Rubenstein, The Age of Triage, 9.
Nazi Party Congress in Nuremberg. He argued that the disabled constituted a “burden and an unexcelled injustice” on “normal, healthy members of the population,” citing that one billion Reichsmarks were spent on the disabled (the time frame was unspecified). Karl Brandt, in post-war testimony, picked up where the official record left off, noting it was following this speech that Hitler stated to him that he would begin a full scale program of euthanasia against the disabled in the event of another war, which would allow the program to be hidden from the public more easily, and would thus thwart any possible objections from religious organizations.85

Propaganda distributed in the mid-to-late 1930s linked racial inferiority to economic strain. In this, food was a primary focus of German propaganda against the disabled. Characterized early on as “useless eaters,” the economics of managing to feed a population of unwanted people was an effective means of portraying the disabled as both inhuman and un-German. The allocation of resources was a fundamental concern; German families well remembered the privations of World War I and the poverty of the Great Depression during the Weimar Republic. One frame in a film strip distributed by the Reich Propaganda Ministry compared the cost of feeding one disabled person versus feeding a family of “good Germans.” The disabled person was depicted with a misshapen head, clutching his hand under his throat, leaning on the state. The family was depicted supporting the weight of the German state, implying that they contribute rather than take.86

85 Proctor, Racial Hygiene, 182.
In the 1936 propaganda film *Erbkrank* (Hereditary Illness), of the twenty total minutes of footage, a minute and a half is devoted to showing clip after clip of disabled people eating. Because they have various illnesses, particularly those with a physical disability or a serious mental disability, some of the people in these videos have dexterity issues and thus eat in ways that could be presented as uncivilized to ordinary Germans. The individuals shown are fed by attendants, lift the bowls directly up to their faces, take food with their hands and throw it around. Food is misused, Allocations are a particular focus. In one scene, we see an entire table crammed with full bowls of a gruel-type food, waiting to be set upon by a group of people. In an image reminiscent of the concentration camps, the institutionalized men all have shaved heads, and are wearing uniform garments. The images are intended to portray not only the disabled as animalistic but also wasteful.

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87 “Photo 07671.”
The idea that the disabled constituted a drain on food resources was a priority for bureaucrats working in the killing centres. After World War II in Hartheim (in today’s Austria), a team of US war crimes investigators found statistical data recorded by functionaries documenting not only the total number of deaths but also the monetary savings as a result of the killings. In one particularly chilling calculation, Dr. Eduard Brant recorded the food cost savings in a table, charting that a total 141,775,573.80 RM had been saved by 1941 when the program was officially halted. The table is reproduced below:

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88 Erbkrank.
Table 1: Food Cost Savings Due to Euthanasia

<table>
<thead>
<tr>
<th>Type of Foodstuff</th>
<th>kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potatoes</td>
<td>189,737,160</td>
</tr>
<tr>
<td>Meat and sausage products</td>
<td>136,492,440</td>
</tr>
<tr>
<td>Bread</td>
<td>59,029,320</td>
</tr>
<tr>
<td>Flour</td>
<td>12,649,200</td>
</tr>
<tr>
<td>Butter</td>
<td>4,216,440</td>
</tr>
<tr>
<td>Butter fat</td>
<td>421,680</td>
</tr>
<tr>
<td>Margarine</td>
<td>3,794,760</td>
</tr>
<tr>
<td>Bacon</td>
<td>531,240</td>
</tr>
<tr>
<td>Quark</td>
<td>1,054,080</td>
</tr>
<tr>
<td>Cheese</td>
<td>1,054,080</td>
</tr>
<tr>
<td>Special foods</td>
<td>1,686,600</td>
</tr>
<tr>
<td>Pastry Products</td>
<td>1,475,766</td>
</tr>
<tr>
<td>Sago, etc</td>
<td>421,608</td>
</tr>
<tr>
<td>Coffee substitute</td>
<td>3,373,080</td>
</tr>
<tr>
<td>Jam</td>
<td>590,2920</td>
</tr>
<tr>
<td>Sugar</td>
<td>758,9520</td>
</tr>
<tr>
<td>Eggs</td>
<td>33,731,040*</td>
</tr>
<tr>
<td>Vegetables</td>
<td>88,544,040</td>
</tr>
<tr>
<td>Pulses</td>
<td>4,216,440</td>
</tr>
<tr>
<td>Salt and spice substitutes</td>
<td>1,054,080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*items</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>400,244,520 kg</td>
</tr>
<tr>
<td></td>
<td>$141,775,573.80 RM</td>
</tr>
</tbody>
</table>

On the basis of the average daily cost (per patient) of RM $3.50 there will be:

1. A daily savings of RM $245,955.50
2. A yearly savings of RM $88,543,980.00
3. With a life expectancy of ten years RM $885,439,880.00

Nazi propaganda also highlighted the general financial strain of caring for Germany’s disabled in institutions. In another poster published in 1937 by *Neues Volk*, a monthly

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magazine from the Office of Race Politics, shows a disfigured man leaning against a German physician. The text reads: “60,000 RM. This is what a person suffering from hereditary defects costs the Community of Germans during his lifetime. Fellow Citizen, that is your money, too. Read *Neues Volk*.91

![Image](image.png)

**Figure 6: “60,000 RM” (1937)**92

Another popularly distributed poster depicts a strong, typically Aryan man holding up two disabled men on a balance beam, literally shouldering the weight of the disabled. He dominates the foreground. In the background is an institution rendered with a beautiful façade, contrasted against the grotesque appearance of the two disabled men, one of

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92 Ibid.
whom is literally an ape. The text reads: “You are sharing the load! A Hereditarily Ill Person Costs 50,000 Reichsmarks on Average up to the Age of Sixty.”

Figure 7: “You are Sharing the Load” (1937)

Initially, the solution in Nazi Germany was to severely reduce the resources allocated to the disabled. Ultimately, World War II tipped the balance from institutionalization with reduced resources to extermination. On August 10, 1939, at a planning meeting for the euthanasia program, the head of the Party Chancellery, Phillip Bouhler, argued to begin the program for both ideological and economic reasons; euthanasia was not only a cure for genetic inferiority but also a way to rapidly empty beds and free up hospital staff in anticipation of

94 Ibid.
the coming war. A further consideration was freeing up space to set up hostels for repatriated ethnic Germans from the anticipated capture of eastern territories. Meanwhile, eastern Europe, SS officers were recruited to shoot psychiatric patients in a program of extermination that was meant to create extra army and SS barracks. The move towards mass killing was only possible because of an ideological fervor that permitted extreme solutions to perceived problems.

Hunkered in his bunker on April 29, 1945, one day before his suicide, Hitler wrote the following words: “Above all I charge the leaders of the nation and those under them to scrupulous observance of the laws of race and to merciless opposition to the universal poisoner of all peoples, international Jewry.” Even with his last statement, Hitler emphasized the importance of resistance against enemies who would seek to violate the “laws of race.” These racial laws were established in Germany through the codification of racial hygiene edicts that targeted the front line of social illness infecting German society: the disabled and those who were classified as possessed of a mental disability due to their inferior social status (one of the groups that was given membership in the broader classification of Asozial). There was considerable overlap between the category of mentally and physically unwell (the disabled), “asocial” elements in society, racial inferiors and the Jews. Note that Germany’s first inroad into the extermination of the Jews and Gypsies was

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95 Proctor, Racial Hygiene, 182.
on the grounds of mental deficiency. As a salient example, in the case of the Gypsies, internment and eventual extermination was first posited due to a predisposition to the mental disorder of “un-Germanness.” For the disabled, as in other minority groups, Adam Jones writes that “economic rationality in the Nazi scheme is really a proxy for survival and prosperity of the master race.”

It is this construction of a master race in opposition to its racial enemies that is of critical importance in any attempt to parse out the position of the disabled in Nazi Germany. In Nazi Germany, biology is an essential component of the construction of race to such a degree that it is problematic to understand one without clarifying the other. As Burleigh and Wippermann write in their book, *The Racial State*: “It is impossible to study either anti-Semitic or racial-hygiene measures in isolation; the two were indivisible parts of a whole.” If we understand biology to be at the heart of Nazi racial doctrines, and if we understand racial hygiene and anti-Semitism as acting in concert with one another, the relationship between disability and anti-Semitism is integral to a more complete analysis of the implementation of the Holocaust. Because the dominance of the German/Aryan race is the preeminent goal of the Nazis, everything else becomes subservient to that aim, and part and parcel of the same strategic goal. Targeting the disabled first made both fiscal and ideological sense, in the Nazi ethos. The killing operations of the *Aktion T4* program bequeathed the Final Solution.

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With the privations of World War I still very much a fresh wound in the minds of Germans, the Nazis argued that there could be no such wasted resources in the coming war. The ideology of the 1930s positioned Germany as a nation state on the verge of irrecoverable illness, with the diseased non-citizen at the root of the problem (Jews, Gypsies, Slavs and the disabled). Adam Jones argues that:

Both internal enemies (the disabled within the body politic) and external ones (the lesser and subhuman races) are inherently expendable. The extremity of this position is another thing that differentiates the Nazis, quantitatively and qualitatively, from other expressions of this type of thinking in the western tradition.¹⁰²

War enabled a solution to at least one facet of this problem, providing a chaotic atmosphere in which resources allocation was of paramount importance and killing operations could be obscured. The Germans learned well from the extermination of the disabled. As Raul Hilberg writes, “Euthanasia was a conceptual as well as technological and administrative prefiguration of the Final Solution.”¹⁰³

Chapter 3: The Genocide of the Disabled and the Final Solution

The connection between the Nazi euthanasia program and the Final Solution is best understood as an expression of policies that aimed to “biologically revolutionize lands under German rule.”¹ Peter Longerich notes that the program of euthanasia was comparatively time-consuming and too expensive to be dismissed as merely meeting economic necessity, though economics formed the basis for Nazi justifications for the program.² Insofar as the genocide served both as an economic expediency (in freeing up extraneous mouths to feed) and meeting the ideological agenda of racial purity, the euthanasia campaign was prototypical. It played a significant role in creating a medical, ideological, and bureaucratic framework that reached its murderous apotheosis in the network of concentration and death camps across Europe. The bureaucracy of murder created under the euthanasia program was directly and in toto exported to the death camps, from administrators to secretaries to the technicians who operated the gas chambers and vans. Not just logistically, but ideologically and systemically, the euthanasia program and the Final Solution are inextricably linked. In order to understand this connection, it is first important to contextualize the program of euthanasia that targeted disabled children and adults between 1939 and 1945.

3.1 The Genocide of the Disabled

The disabled were killed in three phases from 1939 to 1945: the euthanasia of children, adult euthanasia in the formal establishment of Aktion T4 (which later

¹ Peter Longerich, Holocaust (Oxford: Oxford University Press, 2010), 139.
² Ibid.
encompasses child euthanasia), and the wild euthanasia. It is widely held that one impetus for the start of the euthanasia program was a letter Hitler received from the father of a severely disabled child begging for the right for his child to die in 1938. In the popularly recounted story, the letter prompted Hitler to meditate upon the issue of disabled children in general, which led to a decree and the early phase of euthanasia targeting the killing of young disabled children.³

Hitler, however, clearly had intentions to undertake a program of euthanasia early on in his regime. As early as 1935, Hitler discussed euthanasia with the Reich Doctor’s Leader, Gerhard Wagner. Testimony records that Hitler desired that a program of euthanasia be undertaken upon the outbreak of war, according to testimony from Karl Brandt, “because the Führer was of the opinion that such a problem would be easier and smoother to carry out in wartime, since public resistance... would not play a such a prominent role.”⁴ Burleigh notes that Hitler had expressed a desire to Hans Heinrich Lammers to kill the institutionalized as early as 1933.⁵ The rational for the program was both ideological and economic.

As Friedlander argues, economic motivations cannot fully explain the start of a program of euthanasia.⁶ The impetus for the euthanasia program, while rationalized economically, was palpably ideological and can be placed at the highest levels of decision making. The Nazis were able to take advantage of a political, economic and academic

³ Longerich, Holocaust, 137.
⁴ Gerhard Wagner, quoted in Michael Burleigh, Death and Deliverance: Euthanasia in Germany 1900-1949 (Cambridge, Cambridge University Press, 1994), 100.
⁵ Burleigh, Death and Deliverance, 100.
climate in which the disabled were already devalued and euthanasia was already a topic for academic consideration. These shared ideological convictions were grounded in the idea of biologically inferior and essentially inhuman people who were disposable. This ideology is reflected in the mobilization and organization of the genocide.\footnote{Burleigh, \textit{Death and Deliverance}, 100.}

\textbf{3.1 (a) Children’s Euthanasia}

While killing of adult patients of institutions had been occurring unofficially in institutions across the Reich and in the Eastern occupied territories through an unorganized process of starvation and neglect since World War I, the euthanasia program officially started with the killing of children. Sometime in the summer of 1939, Hitler commissioned Karl Brandt, the doctor in charge of the Knauer baby case, and Philipp Bouhler, the head of the Chancellery of the Führer, to begin killing disabled children.\footnote{The exact date is unknown. The Knauer case references a letter written in 1939 by the father of a child (gender unknown) who had been born with severe disabilities. In this letter, written to Hitler, the father asked for permission for his son to die. Hitler, when he was made aware of the case, instructed his private physician Karl Brandt to investigate this case further and the baby was eventually killed. See Henry Friedlander, \textit{The Origins of Nazi Genocide: From Euthanasia to the Final Solution} (Chapel Hill, NC: The University of North Carolina Press, 1995), 38-39.} The operation was run through the Chancellery of the Führer, which was able to operate outside the party and government structure to maintain secrecy and minimize the number of officials involved. Brandt and Bouhler set about organizing an administrative structure for the euthanasia program.\footnote{H. Friedlander, \textit{Origins of Nazi Genocide}, 40.} The Chancellery of the Führer had five sub-departments; the second, responsible for party issues and clemency petitions, was chosen to head the children’s euthanasia program. As Victor Brack was the director of this office, he was chosen to oversee the killings. The authority responsible for children’s euthanasia was Office I1b, a sub-
department of Brack’s office, and was headed by a professor of agricultural economics, Hans Hefelmann. He was given the order by Brack to set up an advisory committee for the killing of disabled children.10

The children’s euthanasia program was run through the Committee for the Scientific Registration of Severe Hereditary Ailments. Initially it targeted children under the age of three, but expanded to include youths. Three experts were commissioned to serve as an advisory panel in selecting those children who would be killed.11 Werner Catel, a professor of medicine; Hans Heinz, an asylum doctor; and Ernst Wentzler, a pediatrician, were responsible for adjudicating cases on the basis of a previously issued mandatory decree from August 18, 1939, that required midwives and doctors to report the birth of a disabled child suffering from one of the following conditions:

i. idiocy as well as mongolism (especially cases also involving blindness and deafness).
ii. microcephaly (abnormally small head size).
iii. severe or progressive hydrocephalus.
iv. all deformities, especially missing limbs, severely defective closure of the head, and the vertebral column etc., and
v. paralysis, including Little’s disease (spastic diplegia).12

Catel, Heinz and Wentzler reviewed the reports from the medical professionals and marked with a (+) those who were to die, a (-) those permitted to live, and a (?) for any cases in dispute.13

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11 Ibid.
13 Burleigh, *Death and Deliverance*, 104.
The children and youths selected were then admitted to one of several pediatric clinics. Parents were often forced to give up their children, sometimes by assigning unwilling mothers to labour service. Some parents participated willingly.\textsuperscript{14} The program also relied heavily on the support and participation of local bureaucrats and medical professionals. Very few doctors refused to participate in the killing operations, but those who did were simply excused.\textsuperscript{15} The first killing operation was conducted at Görden, near the adult euthanasia centre in Brandenburg, and headed by Hans Heinz. It served as a model for the other killing wards. The manner of killing was dependent on the expertise of the doctors, and varied across the wards. Starvation and lethal injection were the two main methods of execution. Each murder was sanctioned by the Reich Committee, a fictitious entity created for the purposes of giving official oversight to the process; the Chancellery of the Führer then signed an authorization for “treatment”.\textsuperscript{16}

Once children’s euthanasia began, the administrative procedure broke down almost immediately across the Reich. The established rules were not consistently followed for a variety of reasons, not the least of which was the imprecise nature of the diagnostic criteria mentioned above. Doctors had considerable leeway to make decisions to authorize killing on grounds that were not easily or uniformly definable. As with the sterilization laws, children were included who were not the original targets of the program. As Henry Friedlander states: “Social values influenced the decision to kill, just as they had influenced

\textsuperscript{14} Burleigh, \textit{Death and Deliverance}, 105.
\textsuperscript{16} Ibid., 54.
the decision to sterilize." Children deemed not capable of rehabilitation were caught up in the euthanasia program, as were children disadvantaged by social circumstance. The category of idiocy was particularly subject to broad diagnosis. As a result, the victims were overwhelmingly, but not uniformly, drawn from the ranks of the disabled. The blurring of victim groups was more pronounced in the adult euthanasia program, but it is important to note its occurrence at this stage, because it shows how indistinct the designation of the victim group could be.18

The killing of children through starvation and lethal injection continued through to 1942, occurring concurrently with the adult euthanasia program.19 In all, between 5,000 and 6,000 children were murdered in this phase of the euthanasia program.20 Bouhler and Brandt, who initiated the program of children’s euthanasia, began planning for the expansion of the program of euthanasia to target specifically psychiatric patients even before the children’s euthanasia program officially began. As early as July 1939, planning was undertaken to start an adult euthanasia program that would target inmates of German psychiatric institutions.21

3.1 (b) Adult Euthanasia

Hitler made the decision to expand the euthanasia program to include adult inmates of mental institutions in the summer of 1939.22 After a power struggle that replaced the

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17 H. Friedlander, Origins of Nazi Genocide, 57.
19 Longerich, Holocaust, 136.
20 Ibid.; Burleigh, Death and Deliverance, 114.
21 Longerich, Holocaust, 136.
22 H. Friedlander, Origins of Nazi Genocide, 62.
original Nazi executive assigned to head this program, the Chancellery of the Führer took over, and Bouhler and Brandt worked together to organize the infrastructure and personnel for the expansion and creation of the formal Aktion T4 program. Victor Brack was once more given the task of organizing the killings. The organizational structure was deliberately muddied to obscure what was essentially an extralegal process. Aktion T4 was run under the auspices of the Charitable Foundation for Curative and Institutional Care, which reported to the Reich Committee for the Scientific Processing of Serious Genetic Diseases, a division of the Führer’s office. Yet for public consumption, the main letterhead for the program referred to an organization that did not exist, but nonetheless gave it a sense of official status, called The Reich Association of Mental Hospitals. The Association was, supposedly, divided into four distinct areas of operation covering the legal, financial, transportation and communication aspects of the program.\(^{23}\) This complicated bureaucratic structure, populated by low-to-mid level functionaries with a Nazi executive leadership (Victor Brack) providing general oversight, was prototypical for the Nazi organization of genocide.

The program began with a survey of institutions, where a mandatory reporting form was required for each inmate. The form asked details about the patient’s personal and genetic history, as well as his or her diagnosis and potential for recovery. Information was specifically sought for those who had long been institutionalized, suffered from specific illnesses, were diagnosed as insane, were non-German citizens and, importantly, were

“patients not of Germanic or related blood.”\textsuperscript{24} Forms supposedly passed through a two-tier evaluation process read by nearly forty doctors, usually junior in their field. The doctors who completed first-round evaluations were told their determinations would be reviewed by senior doctors, which provided them with an intellectual shield to deflect culpability in the killings. In reality, review was hasty, and completed by three doctors who could not possibly have adequately examined each form.\textsuperscript{25} Still, the process was rigidly bureaucratic and made to seem as scientifically valid as possible, in order to justify the killings under a medical smokescreen. To expedite the process of victim selection, the \textit{Aktion T4} executive sent teams of doctors to institutions with the explicit task of choosing those who would be executed. In one notable instance, Karl Brandt himself went to the Bethel institution with a group of \textit{Aktion T4} doctors to oversee the selection and execution of inmates in February 1941.\textsuperscript{26}

Patients who were selected for execution were sent to one of six designated killing centres in Germany and Austria: Bernburg, Brandenburg, Grafeneck, Hadamar, Hartheim and Sonnenstein. Rooms were converted in each of these institutions to use as gas chambers. The setup was highly specific and was uniform to all the institutions. Each gas chamber resembled a shower room with piping along the room through which carbon monoxide gas was distributed. There was a window for observation and an attached room where the inmates undressed. Their belongings were sorted and the victims told they would return after their shower. They were then taken into an examination room, where a

\textsuperscript{24} Burleigh, \textit{Death and Deliverance}, 76.  
\textsuperscript{25} Ibid., 79.  
\textsuperscript{26} Ibid., 144.
doctor looked them over one final time, ostensibly to confirm the diagnosis. They were stamped with a number and photographed “to show the physical inferiority of the murdered patients for scientific reasons.”27 The photos were archived at Aktion T4 headquarters. Patients were then taken to the gas chamber, closed inside and gassed. Crematoria were used for body disposal.28

Figure 8 - Crematorium at Hadamar (1941)29
Smoke rising from the crematorium at Hadamar.

The entire process was designed to give patients a false sense of safety. The inmates were meant to believe the procedure was merely one of routine admittance. The examination by doctors, being told to remember where their belongings were so they could be retrieved, the fake showers, the number stamping and the photographing were all

27 Burleigh, Death and Deliverance, 95.
28 Ibid., 87-95.
intended to give the patients a sense that they were being processed for institutionalization, not execution. This process was meant to alleviate fears engendered by any rumours about the euthanasia program. Later, the killing procedure was exported wholesale to concentration and death camps across the occupied territories. The numerous parallels between the two killing campaigns are the strongest evidence that the *Aktion T4* program was prototypical in the development of the Nazis’ wider genocidal projects.

The following table contains the data on euthanasia deaths recorded at the six killing centres operating under euthanasia, as reported by a statistician working for the program.30 Found by Allied forces at Hartheim at the end of the war, it is the only official record of deaths under *Aktion T4*.31 The total numbers killed were substantially higher, however, and an accurate estimate remains elusive. Despite the official cessation of the program in 1942, it continued to operate in a less structured format as the so-called wild euthanasia until the end of the war.32 Furthermore, internal Nazi data later suggests a number closer to 93,251 “disinfections” and freed-up beds before the program stopped.33

<table>
<thead>
<tr>
<th>Institution</th>
<th>1940</th>
<th>1941</th>
<th>Total</th>
</tr>
</thead>
</table>


31 Burleigh, *Death and Deliverance*, 155.

32 During the wild euthanasia, people were killed under the auspices of the existing *Aktion T4* structure, but the killing was expanded to a larger network of asylums and took place mainly through lethal injection and deliberate starvation, rather than through gassing. Henry Friedlander’s research has shown that the term wild euthanasia originated with the Nazis. They used this term to designate a decentralized killing program that continued after Hitler’s cessation order. We know this from the post-war interrogation of Dr. Fredrich Mennecke, a Nazi physician involved in the children’s euthanasia program and *Aktion 14f13*, on January 11, 1947 in Hamburg. See H. Friedlander, *Origins of Nazi Genocide*, 152. Wild euthanasia will be examined in greater detail in the next section of this chapter.

33 The term disinfection was used as a euphemism for euthanasia killings. See Noakes and Pridham, *Nazism 1919-1945*, 434.

The euthanasia program was halted by Hitler on August 24, 1941, just as it began to be an effective killing tool. Why was an official order given to stop the program? Since the ideology behind the program did not alter, circumstances within the Reich probably persuaded the Führer that the official pursuit of euthanasia was not a wise plan. Contemporary government communications during this time suggest that the continuation of euthanasia, in the wake of protests principally from the Catholic Church against the program, was impractical.36

Henry Friedlander argues that the order to halt the program was principally given as a result of public discontent, reflecting the fact it had lost any veil of secrecy.37 Michael Burleigh disputes Friedlander, arguing that this aspect has been overemphasized in the research. He notes persuasively that it only stopped after the initial target of 70,000 was reached.38 Burleigh also highlights that the timing of the cessation coincides with the start of Einsatzgruppen killing actions in the East and the building of the infrastructure for the system of death camps. This is a crucial reminder that in fact, the euthanasia program did not stop in August 1941; its infrastructure and personnel were simply exported to the occupied territories of the East. While the government disengaged officially from the

<table>
<thead>
<tr>
<th>Location</th>
<th>Before</th>
<th>After</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Grafeneck)</td>
<td>9,839</td>
<td>---</td>
<td>9,839</td>
</tr>
<tr>
<td>B (Brandenburg)</td>
<td>9,772</td>
<td>---</td>
<td>9,772</td>
</tr>
<tr>
<td>Be (Bernburg)</td>
<td>---</td>
<td>8,601</td>
<td>8,601</td>
</tr>
<tr>
<td>C (Linz) [Hartheim]</td>
<td>9,670</td>
<td>8,599</td>
<td>18,269</td>
</tr>
<tr>
<td>D (Sonnenstein)</td>
<td>5,943</td>
<td>7,777</td>
<td>13,720</td>
</tr>
<tr>
<td>E (Hadamar)</td>
<td>---</td>
<td>10,072</td>
<td>10,072</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>35,224</td>
<td>35,049</td>
<td>70,273</td>
</tr>
</tbody>
</table>

35 This number was revised post-war to 10,654, which gave a revised total of 71,088.
37 H. Friedlander, Origins of Nazi Genocide, 111.
38 Burleigh, Death and Deliverance, 174.
program, it continued to operate it in another fashion within Germany and in the occupied territories. The program was, at this point, extended to include a broader range of asylums. The method of murder changed from gassing to lethal injection and starvation, and was known as the wild euthanasia.

### 3.1 (c) Wild Euthanasia

Wild euthanasia is an important connection to the Final Solution because it shows how mid-level Nazi functionaries were able to continue to act with a considerable degree of autonomy based on indistinct or non-existent orders from the leadership. Adolf Hitler was completely removed from any administrative responsibility and even the leader in charge of the euthanasia program, Karl Brandt, stepped back from providing any official administrative oversight. Yet, after Hitler gave the order to stop the *Aktion T4* program, killings continued apace under horrific and primitive conditions in which food rations were reduced to encourage starvation, living conditions deteriorated to the point where inmates died, and patients were killed with lethal injections. The number and method of these killings differed across the Reich and in the occupied territories. As Mary Seeman argues, the way these killings progressed was highly dependent on the “private initiatives of individual doctors” and institutions.

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39 Ian Kershaw, *Hitler, the Germans and the Final Solution* (New Haven: Yale University Press, 2008), 149.
40 The gas chambers in the institutions were dismantled after the cessation order, and no further euthanasia killings by gas occurred. See Burleigh, *Death and Deliverance*, 227.
41 Burleigh, *Death and Deliverance*, 227.
Despite the diffuse nature of this phase, which lasted from August 1941 to May 1945, there was some national oversight regarding the starvation of prisoners.\textsuperscript{43} Aktion T4 administrators continued to supervise the transfer of patients between asylums, and were responsible for supplying the sedatives used in lethal injections.\textsuperscript{44} They continued to make use of questionnaires to track and assess patients, and thus were involved in adjudicating the value of a person’s life.\textsuperscript{45} The Aktion T4 bureaucrats actively lobbied the highest Reich authorities to reinstate monitoring and centralized control of the killings but were denied this level of organization, although in 1943 Karl Brandt did issue an order that authorized several institutions to kill disabled inmates through lethal injection. Still, the procurement of these drugs was an arbitrary and inconsistent practice with little centralized control.\textsuperscript{46}

Heinz Faulstich argues that the starvation program started small but then escalated. At first, food rations were simply limited. Then, in a second stage that started in early 1942, the institutionalized were placed on a reduced food diet for inmates who were not working, partially as a consequence of war rationing. Finally, clearly designed starvation diets were the norm.\textsuperscript{47} A directive was sent on November 30, 1942, to institutions to start feeding patients according to their utility.\textsuperscript{48} The food rations were nutritionally insufficient, and those who could not feed themselves as a result of their disability simply were not fed.

\textsuperscript{43} H. Friedlander, \textit{Origins of Nazi Genocide}, 162.
\textsuperscript{44} Burleigh, \textit{Death and Deliverance}, 227.
\textsuperscript{45} H. Friedlander, \textit{Origins of Nazi Genocide}, 152.
\textsuperscript{46} Ibid., 159.
As a consequence, some 90,000 disabled persons starved to death between 1942 and 1945.49

Another common method of killing was through lethal injections or the deliberate overdosing of medications.50 Precise numbers of inmates dying in this manner are difficult to assess accurately, but they clearly outpaced the official death toll of the formal euthanasia program. For example, at one hospital alone, in Meseritz-Obrawalde, some 10,000 patients died primarily through the intervention of medical doctors via lethal injection or overdose.51

As the wild euthanasia progressed, the target victims expanded exponentially, and medical criteria became less and less important. Although the official stop order was issued by Hitler in 1941, Karl Brandt issued a directive permitting the explicit inclusion of Asozials for euthanasia, though they had been included informally since the beginning. Since Aktion T4 continued to be involved in the selection process, it now targeted those who were deemed unfit for employment. The infirm elderly were also now included. The escalation happened as the Allied bombing campaign inflicted substantial damage to German homes.52

Postwar calculations of the total number of deaths during wild euthanasia are elusive. Well over 100,000 patients in German institutions were killed through starvation or lethal injection during wild euthanasia, with several deaths occurring in occupied

49 Seeman, “After T4,” 8.
50 H. Freidlander, Origins of Nazi Genocide, 152.
52 Donald Bloxham, Final Solution: A Genocide (Oxford: Oxford University Press, 2009), 257.
territories.⁵³ A combined statistic of the formal adult euthanasia program and wild euthanasia is easier to estimate. Dr. Leo Alexander, who was chiefly responsible for reviewing the euthanasia program post-war for the Nuremberg trials, estimates as many as 275,000 people were killed during the official Aktion T4 program and the wild euthanasia. Hugh Gregory Gallagher notes that of the 300,000 mental patients in Germany pre-World War II, a mere 40,000 remained at the end of the war. He stresses that many of the deaths can likely be attributed to German war casualties, but the figure is nonetheless staggering. As Gallagher notes: “Nevertheless, it cannot be doubted that the euthanasia program swept out entire wards, cleaned out entire hospitals. It decimated the German population of the severely disabled and the chronically insane.”⁵⁴

Wild euthanasia happened concurrently with the Final Solution. The apparatus of murder used in the formal euthanasia program was transferred to the death camps that were being built in the East. The death camps were used to kill the bio-racial enemies of the Nazis, most notably the Jews, but also the Roma and Sinti, Asozials, Soviet POWs, Slavs, homosexuals, Jehovah’s witnesses, and political prisoners. The next section of this chapter connects Aktion T4 specifically to the targeting of the Jews during the Final Solution.

3.2: A Comparative Analysis of Euthanasia and the Final Solution

There is no single overriding rationale for the emergence of the Final Solution. The genocide of Europe’s Jewish population was a complex and multifaceted process beginning with a program of social isolation and culminating in a systematized network of death

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⁵³ Note that by 1941, the use of gas chambers in euthanasia had been discontinued. See Carol Poore, *Disability in Twentieth-Century German Culture* (Ann Arbor: The University of Michigan Press, 2010), 89.
camps. Henry Friedlander argues that the euthanasia program was the “opening act” of Nazi genocide.\textsuperscript{55} Chronologically, it certainly predated the mass shootings of Jews in the East. Only later was the bureaucratic process for extermination exported nearly wholesale to the death camps (including personnel, procedures and methods). The euthanasia program facilitated the expansion of a program that was already in motion: the ruthless culling of populations in the “Holocaust by bullets.”\textsuperscript{56} Coupled with a vehement anti-Jewish sentiment, it seems almost inevitable that especially harsh targeting of the Jews would take place under the cover of war. It is significant that the Jewish genocide started with mass shootings, and only later capitalized on the success of the euthanasia program to establish a more systemic policy of mass annihilation.

Any attempt to contextualize the program of euthanasia within the infrastructure of the Final Solution must first reconcile the issue of when the Final Solution was transformed from a strategy of deportation and ghettoization to extermination. An approach to the Final Solution that straddles the line between functionalism and intentionalism engenders caution in trying to establish a firm date for this; exterminations began at the local level, conditional to the actions of authorities and on differing timelines. There is no academic consensus in either moderate functionalist or moderate intentionalist camps as to the timeframe for the ramping up of extermination policies. The time period is usually given as

\textsuperscript{56} Aly, \textit{Final Solution}, 185. The “Holocaust by bullets” was an extension of practices that started during the conquest of Poland between 1939 and 1940. The Nazis’ program of “systematic terror” through mass executions and collective reprisals was a hallmark of the invasion in its earliest stages [see Christopher R. Browning, \textit{The Origins of the Final Solution: The Evolution of Nazi Jewish Policy, September 1939 – March 1942} Lincoln, Nebraska: The University of Nebraska Press, 2004, 25-29]. The practice of mass killing through shootings shifted to targeting Jews primarily. The “Holocaust by bullets” killed approximately 1.8 million Jews. See Jones, \textit{Genocide}, 239.
1941. Essentially, this means a twelve month period of time about which scholars disagree as to when Hitler made a decision to begin the extermination of the Jews. This argument is important to the centrality of the euthanasia program vis-à-vis the Holocaust, as the timeline of the implementation of systematic mass murder places the program’s cessation in a new light.

Pinning down the start of the Final Solution is difficult because orders from on high were often vague, and officials responsible for occupied territories worked on their own initiative to resolve the what was now being characterized primarily as a Jewish-Bolshevik problem. Localized killings of Jews occurred in the East before the first formal order on record was given to exterminate "all male Jews of 17-45 years of age" by Lieutenant-Colonel Max Montua on July 11, 1941. The systematic inclusion of women and children in the killing started in July or August of 1941. This coincides with Hermann Goering’s memorandum to Reinhardt Heydrich on July 31, 1941 to “carry out preparations as regards organizational, financial, and material matters for a total solution of the Jewish question in all the territories of Europe under German occupation.” This shifted the justification for murder away from military strategy to one of ethnic cleansing, with the end goal to render the occupied territories Judenrein (free of Jews). For Longerich, this constituted a “decisive

step on the way towards a policy of racial annihilation.”61 Ultimately, debates over the start of the Final Solution cannot be resolved satisfactorily. We can, however, concretely connect the program of euthanasia and its killing infrastructure to the onset of organized exterminations. Hitler’s order at the end of August 1941 to cease Aktion T4 operations fits too neatly with the timeline of Jewish deportations for resettlement in the east beginning in September 1941 to be easily dismissed.

It is critical at this juncture to note that there was a genocidal plan in place before the disputed dates in 1941, but that this plan was very different from the systematic, organized death camp system identifiable with the Final Solution. Current research highlights the complexity of the genocide of the Jews, and the various stages it went through.62 In the spring and summer of 1941, the Nazis focused on the “Eastern Territorial Solution,” a grandiose vision that saw a rapid victory over the Soviet Union and a great German empire in the East.63 The battle for the East was waged as a war of extermination, starting with the intelligentsia but rapidly accelerating to include all Slavs (civilian or military) and the Jews.64

On March 31, 1941, Hitler gave a speech to several leading military officers in which he outlined that the goal of the war was the extermination of the Bolshevik elite. Guidelines issued to the troops on May 19, 1941, called for the “total elimination of all forms of resistance, active and passive” caused by “Bolshevist agitators, irregulars,

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61 Longerich, Holocaust, 250.
63 Longerich, Holocaust, 176.
64 Browning, The Origins of the Final Solution, 216.
This strategy was reflected in the June 6, 1941, military directive mandating the execution of Soviet political Commissars that called for Commissars to be “dealt with promptly and with the utmost severity.” The order specifically countermined the Geneva Convention and went against the international standards of warfare. In addition, it established a policy that justified the outright execution of political enemies.

By the time orders were officially recorded, a practice of shooting non-combatants had been firmly established with the invasion of Poland and the targeting of Slavs and Jewish males.

Several strategies were being used against the Jews at this point in 1941, including the extermination of all “able-bodied Jewish men in the territories of the Soviet Union,” the internment of Jews unsuitable for forced labour (where they could die from disease and starvation) and the deportation of Jews as forced labour in the East where they worked in horrific conditions intended to be inhospitable and unlivable. When combined with the active mass shootings in the East, a framework for genocide is clear, even if our understanding of the overall planning is imprecise.

When one looks closely at the escalation of Nazi killing, the disabled are at the forefront of each action. When the Germans invaded Poland, they first targeted the institutionalized (particularly the mentally ill) as well as the Poles (including many Jews) for

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65 Bundesarchiv/Militärarchiv RH 22/12, quoted in Peter Longerich, Holocaust, 184.
67 Browning, Origins of the Final Solution, 219.
68 Longerich, Holocaust, 196.
69 Aly, Final Solution, 3.
death by mass shooting.\textsuperscript{70} The first gassing victims came from a clearing out of asylums in occupied Poland.\textsuperscript{71}

3.2 (a) The Jewish Mentally Ill in Greater Germany

The line between disability and race became increasingly blurry in the progression of genocide against the Jews. The infrastructure of euthanasia was used to target Jews who were mentally ill; a patient’s status as a Jew guaranteed that he or she would face certain death in the asylums. As Rael Strouss notes: “All Jewish mentally-ill patients were killed regardless of employability or illness severity. To be a Jew with any form of mental illness was reason enough to be killed within the context of the program.”\textsuperscript{72} Friedlander argues that the policy for the Jews was to prevent them from benefiting from any sort of rehabilitative therapy and instead to include them among those selected for euthanasia.\textsuperscript{73} In 1940, the Ak tion T4 program began killing Jewish patients systematically, because they were Jewish over and above their potential status as mentally ill. Questionnaires were no longer required. Instead, Herbert Linden of the Reich Ministry of the Interior initiated a survey of asylums, requiring lists of all Jewish inmates. Shortly after these lists were drawn up, the Jewish patients were collected and routed to the killing centres.\textsuperscript{74}

Correspondence from one of the evacuated asylums, Wunstorf Hospital, shows that patients’ families were put through an elaborate process of misdirection when they inquired about their family members. Various reasons for their transfer arose, including

\textsuperscript{70} Longerich, Holocaust, 132.
\textsuperscript{71} Ibid., 138.
\textsuperscript{73} H. Friedlander, Origins of Nazi Genocide, 270.
\textsuperscript{74} Ibid., 276.
that they had been sent to the General Government in the Lublin region. This is consistent with the evacuations that took place in late 1939 and early 1940 to this region, allowing for the continuation of an already established narrative about new settlements in the East. It also permitted the Aktion T4 administration to continue to collect fees for the care of the now-dead Jewish patients from their relatives, until, at an unspecified later date, letters were sent notifying the family of their relatives’ death for medical reasons. An invented return address in Chelm appeared on the letters to further bolster the claims for payment that were made between the “transfer” of the patient and his or her subsequent “death.” Henry Friedlander notes the commonality between this and the disappearance of Jews in the Reich:

Once the decision had been made to kill the Jewish patients as a group, T4 apparently intended simply to have them disappear. Thus, “transferred to the General Government” was to serve as the last announcement, just as later the final news about deported German Jews was often the notice that they had been sent “to the East.”

Approximately 5,000 Jewish asylum inmates were killed under the auspices of the Aktion T4 program between 1939 and 1942 at institutions in Germany and Austria.

The killing of the Jewish mentally ill serves as an important and under-analyzed link between the euthanasia program and the Holocaust. Donald Bloxham notes that the execution of Jewish mental institution inmates occurred simultaneously with plans to develop the Madagascar plan which would have exiled the Jews from the Reich to

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75 Henry Friedlander notes that deportations of Jews to Poland had already occurred and the Nazis had established a cover story of settlements in the East. See H. Friedlander, Origins of Nazi Genocide, 276.
76 Ibid., 276.
77 Ibid., 279.
78 Longerich, Holocaust, 142.
Madagascar. Bloxham argues that while the Nazis were actively planning for a territorial solution, concern to provide for the Jews was not a priority. Measures were never suggested that would compensate for the Jew’s basic human needs, and it was anticipated that they would die out once deported. It was a way of, in Bloxham’s words, “slowly and deliberately suffocating” the Jewish population of Europe. The treatment of Jewish mental patients shows the degree of antipathy towards the Jews.79 When Jews were systematically executed according to lists drawn up irrespective of their actual health status, it marked a turning point in the mentality towards the Jews and permitted organized murder as one solution to the territorial problem.

3.2 (b) Killing of the Mentally Ill in the Occupied Eastern Territories

There is a strong connection between the first mass killings of the genocide and the targeting of the disabled. The mass shootings and gassings in the East represent an important blending of target groups in the German push for Lebensraum and racially cleansed territory. These killings started with institutionalized mentally ill patients and rapidly grew to include, and primarily target, the Jews. The first systematized killings targeted a group of mentally ill patients in institutions, starting with the port cities of Gdańsk, Świnoujście and Szczecin and eventually included patients from institutions in Wartheland in the annexed Polish territories. In October 1939, police superintendent Herbert Lange oversaw a commando unit in the Wartheland using gas vans that were moved from institution to institution in order to facilitate the rapid clearing of mentally ill patients. A further unit, commanded by Sturmbannführer Kurt Eimann, was detailed to kill

79 Bloxham, Final Solution, 197.
patients in mass shootings. A total of 10,780 people were killed in the action, though Götz Aly argues that this figure, compiled from archival research in Poland, is incomplete and likely higher.\textsuperscript{80} The killings were ordered by Heinrich Himmler with the rationale to free up space for \textit{Waffen SS} soldiers, both as residences and for casualties.\textsuperscript{81} A further justification was to use the space as transit camps for the resettlement of ethnic Germans.\textsuperscript{82} These killings did not fall under the administrative oversight of \textit{Aktion T4}.\textsuperscript{83}

The killing of mentally ill patients also marks the first incident in the Reich and occupied territories of the use of poison gas to kill multiple individuals. At the end of November 1939, patients from two institutions were sent to a concentration camp near Poznan and suffocated using carbon monoxide gas in a small room.\textsuperscript{84} Heinrich Himmler and Karl Brandt, the administrative head of the euthanasia program, visited the concentration camp, \textit{Fort VI}, in order to witness the mass killings in a gas chamber.\textsuperscript{85} Lange’s unit carried on with the murder of the mentally ill using gas vans until 1941, when they were redeployed to kill Jews in the Warthegau. As an incident report suggests, the mentally ill were a clear target: “The population, however, is cooperating with regard to the capture of these insane persons. Soon again there will be quite a few in the asylum. Then, they will be treated according to the usual procedure. In Minsk, 632 mentally deficient people and, in

\begin{itemize}
  \item \textsuperscript{80} Aly, \textit{Final Solution}, 70.
  \item \textsuperscript{82} Aly, \textit{Final Solution}, 70.
  \item \textsuperscript{83} S. Friedlander, \textit{Years of Extermination}, 14.
  \item \textsuperscript{84} Longerich, \textit{Holocaust}, 138.
  \item \textsuperscript{85} Ibid.
\end{itemize}
Mogilev, 836 were accorded special treatment.” At the end of 1941, Lange’s unit was ordered to set up a large-scale killing operation at Chelmno.

The mentally ill in institutions were also targeted in mass shootings by the Einsatzgruppen during their actions. The Nuremberg Military Tribunal in 1946 stated that “the [Einsatzgruppen] reports are dotted with references to the liquidation of inmates of mental institutions. It seems that the Kommandos (sic), in addition to the executions carried out under their own orders, were ready to perform other killings on request.” The Tribunal highlights executions at Chemigov (270 incurables), Poltava (565 incurables) and Daugavpils (700 adults and 60 children). The Tribunal notes that “insane asylums were often emptied and the inmates liquidated because the invaders desired to use the asylum buildings.”

There is also evidence of the conflation of victim groups; one report lists the execution of “300 insane Jews” during one action. In his summary report, SS Brigadeführer and Generalmajor der Polizei Walter Stahlecker, the commanding officer of Einsatzgruppe A, wrote the following:

Occasionally the conditions prevailing in the lunatic asylums necessitated operations of the Security Police. Many institutions had been robbed by the retreating Russians of their whole food supply. Often the guard and nursing personnel had fled. The inmates of several institutions broke out and became a danger to the general

88 Ibid., 416.
89 Ibid., 423.
security; therefore in Aglona (Lithuania), 544 lunatics; in Mariampol (Lithuania), 109 lunatics and; in Magutowo (near Luga) 95 lunatics were liquidated. Sometimes authorities of the Armed Forces asked us to clean out in a similar way other institutions which were wanted as billets. However, as interests of the Security Police did not require any intervention, it was left to the authorities of the Armed Forces, to take the necessary action with their own forces.\(^\text{90}\)

The report lists a total of 748 mentally ill executed by Einsatzgruppe A.\(^\text{91}\) Research into the mass shootings in the East clearly shows that the disabled were included in these actions sporadically if not systematically.\(^\text{92}\)

**3.2 (c) Aktion 14f13**

In September, 1941, after the killing actions at the euthanasia centres were supposedly halted, the infrastructure for murder shifted targets. The first use of the program infrastructure outside the Aktion T4 system was in a program of selection at concentration camps in Germany and the occupied territories that had yet to establish killing centres of their own. Code named Aktion 14f13, the program began after Himmler ordered Bouhler to utilize the Aktion T4 gassing facilities to kill off “ballast existences” in the camps. 14f13 was the code used on paperwork to identify the death of a camp inmate from sickness, and was used for killing concentration camp inmates at the euthanasia centres.\(^\text{93}\)

The selections occurred in Sachsenhausen, Buchenwald, Auschwitz I (that is, prior to the establishment of the extermination center of Auschwitz II-Birkenau), and Mauthausen.

During this first stage of organized mass gas executions of camp inmates, SS doctors were

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\(^\text{91}\) Ibid.

\(^\text{92}\) H. Friedlander, Origins of Nazi Genocide, 284; Longerich, Holocaust, 241.

\(^\text{93}\) Burleigh, Death and Deliverance, 215.
responsible for the initial selection. The official order was to select prisoners who were incurably ill and could not work. The same Aktion T4 questionnaire used in the euthanasia program was used in this process. Unofficial orders were given to include all disabled persons, Jews and Azocials. The selection process was arbitrary to a great degree and dependent on the local whims of senior functionaries at the camp level.94 Inmates of concentration camps were asked to transfer to institutions under false pretenses, told they were going to recovery or rest homes.95

The SS identified a group of potential victims, but the final selections were made by Aktion T4 doctors. Physicians visited Sachsenhausen, Buchenwald, Auschwitz I and Mauthausen in order to make final determinations on those selected to die in much the same way as the selection process during Aktion T4.96 The first of the 2,500 people killed were drawn from the ranks of the Asozial. Burleigh highlights the non-medical criteria for selection as marking an important progression towards a more arbitrary selection process. He writes that this progression can be substantiated because “after the victims were killed, other prisoners working in the camp medical offices at Buchenwald were handed a medical dictionary and told to pick out a cause of death for the certificates they had to complete for their comrades.”97

As with the selection of Jewish patients in the Aktion T4 program, the primary defining characteristic for selection was not illness. Rather, it was identification with a racially or socially devalued class. The key feature can again be found in the biologization of

94 H. Friedlander, Origins of Nazi Genocide, 144.
95 Burleigh, Death and Deliverance, 215.
96 H. Friedlander, Origins of Nazi Genocide, 144.
97 Burleigh, Death and Deliverance, 216.
the Reich; *Aktion 14f13* is an important connection linking racial inferiority and social maladjustment to a biological defect worthy of wholesale elimination. It represents another step on the path towards a total genocide of all undesirable people, and is a critical step towards the escalation to killing Jews specifically.

**3.2 (d) Killing by Gassing**

The major contribution to the Holocaust from the *Aktion T4* program was mass death by gassing. The procedure and, in most cases, the personnel to oversee and operate the gas chambers were transferred directly to the death camps. This connection is unambiguously documented in the research. The relationship between the *Aktion T4* program and the death camps was established first in Chelmno, where Herbert Lange’s early expertise in the gas vans used to kill the disabled was directly transferred. Subsequently it was introduced in the *Aktion Reinhardt* camps.98

The first death camp began operation in December 1941, at Chelmno in annexed Poland. Herbert Lange’s unit, which was previously involved in killings targeting the disabled outside the infrastructure of the *Aktion T4* program in the Warthegau, was transferred to Chelmno where executions began in December 1941. Peter Longerich writes that this represents an “important organizational link between the systematic mass murder of the disabled and handicapped and that of the Jews.”99 Chelmno was unique in the death camps.

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98 *The Aktion Reinhardt* camps, under the administrative oversight of the SS and Police Leader of the Lublin district, Odilo Globocnik, were established in the wake of the Wannsee Conference to facilitate the extermination of the Jews, starting with those in the General Government. Belzec operated from March 1942 to December 1942, Sobibor from May 1942 to October 1943, and Treblinka from July 1942 to August 1943. Approximately 1.7 million Jews were killed in the *Aktion Reinhardt* camps. See Yitzhak Arad, *Belzec, Sobibor and Treblinka: The Operation Reinhard Death Camps* (Bloomington: Indiana University Press, 1999).

camp system because it lacked a camp complex per se, as well as on-site gas chambers.

Victims were housed in a manor house and then taken to stationary gas vans on the manor grounds where they were gassed using carbon monoxide. The victims’ bodies were buried in mass graves.100

The gassing process from the euthanasia killing centres was replicated across the other extermination camps, with minor variations in the type of gas used (only at Auschwitz and Majdanek was Zyklon B deployed).101 Euthanasia’s elaborate program of deception and process for gassing was mirrored in the death camps. Victims were given physical examinations, made to strip for group showers and told to remember where they put their belongings so they could later be reclaimed. The disguise of the gas chambers as showers lulled the victims into a false sense of safety so that they would not protest. Earlier in the euthanasia killing centres, victims were also photographed as scientific specimens but no such rationale was required in the death camps. The victims were herded into gas chambers, locked behind a door that had a window for viewing and gassed to death. In the euthanasia centres, German staff cremated the victims; in the death camps, the SS recruited Jewish prisoners for this terrible task.102 The death statistics for the main extermination camps show the gruesome effectiveness of the Aktion T4 killing method:103

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100 Browning, The Origins of the Final Solution, 418.
101 Ibid., 419.
102 H. Friedlander, Origins of Nazi Genocide, 300.
103 Table adapted from H. Friedlander, Origins of Nazi Genocide, 287.
<table>
<thead>
<tr>
<th>Extermination Camp</th>
<th>Dates of Operation</th>
<th>Method of Killing</th>
<th>Victim Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auschwitz-Birkenau</td>
<td>1942-1944</td>
<td>Gas chamber Zyklon B</td>
<td>1,100,000</td>
</tr>
<tr>
<td>Belzec</td>
<td>1942</td>
<td>Gas chamber Carbon monoxide</td>
<td>600,000</td>
</tr>
<tr>
<td>Chelmno</td>
<td>1941-1942, 1944</td>
<td>Gas van Carbon monoxide</td>
<td>152,000</td>
</tr>
<tr>
<td>Majdanek</td>
<td>1942-1944</td>
<td>Gas chamber Carbon monoxide/ Zyklon B</td>
<td>60,000</td>
</tr>
<tr>
<td>Sobibor</td>
<td>1942-1943</td>
<td>Gas chamber Carbon monoxide</td>
<td>250,000</td>
</tr>
<tr>
<td>Treblinka</td>
<td>1942-1943</td>
<td>Gas chamber Carbon monoxide</td>
<td>900,000</td>
</tr>
</tbody>
</table>

During their operation, the *Aktion Reinhardt* camps – Belzec, Sobibor and Treblinka – remained under the jurisdiction of the *Aktion T4* program in addition to being under the command of Odilo Globocnik.\(^{104}\)

Thematically, this thesis has drawn a link between early constructions of disability and the focus on the inhuman human, racism, and German anti-Semitism. Key to this is the professionalization of mass murder and the involvement of bureaucrats and medical professionals in the mechanization of murder. The functionaries of the Nazi regime were schooled in the idea that certain forms of life could be defined as life unworthy of life, and could rely on a substantial academic background for these precepts. Furthermore, *Aktion T4* held important lessons for the bureaucrats and medical professionals, particularly that they could kill and cling to an ethical rationalization for their actions, thus providing an intellectual shield from culpability. This shield was built through the extensive practice gained by killing the disabled. The SS staff from the *Aktion T4* program was exported nearly

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wholesale to the Aktion Reinhardt concentration camps (see Appendix A). They brought with them their expertise, experience, and psychological capacity for killing, and were paid out of the T4 coffers after the program was officially shut down.105

Leading figures in the Aktion T4 program were centrally involved in the setup and running of the death camps, particularly the Aktion Reinhardt camps at Sobibor, Treblinka and Belzec, and at Chelmno. Viktor Brack's role in the gassing of Jews, in particular, is firmly established in the historical record, and illustrates the strong connection between Aktion T4 and the gassing program. Prior to his involvement with Aktion Reinhardt, he facilitated the collaboration of the SS with the Aktion T4 program and coordinated Aktion 14f13. One of the few documents remaining that uses explicit language to discuss the gassing of the Jews refers to Brack holding a central role in the process. In a letter on October 25, 1941, to the Advisor on Jewish Affairs, Dr. Erhard Wetzel, the Reich Commissar for the East, Hinrich Lohse, spoke directly to the gassing of Jews:

Referring to my letter of 18 October 1941, you are informed that Oberdienstleiter Brack of the Chancellery of the Fuhrer has declared himself ready to collaborate in the manufacture of the necessary shelters as well as the gassing apparatus... As the affairs now stand, there are no objections against doing away with those Jews who are not able to work, with the Brack remedy. In this way, occurrences such as those which, according to a report presently before me, took place at the shooting of Jews in Wilna and which, considering that the shootings were public, were hardly excusable, would no longer be possible.106

The letter, which referred to the gassing of Jews as the Brack remedy, establishes a concrete historical record of the ongoing process of transferring Aktion T4 techniques and personnel

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105 Burleigh, Death and Deliverance, 224.
to the East. On June 23, 1942, Brack explicitly connected the *Aktion T4* program to the *Aktion Reinhardt* camps in a letter to Heinrich Himmler. At this time, in addition to the mass execution of Jews, sterilization was also considered, and the letter specifically concerns the sterilization program. However, it refers directly to *Aktion T4* staff involved in Globocnik’s special task:

> On orders from Reichsleiter Bouhler, I placed a portion of my men at the disposal of Brigadeführer Globocnik quite some time ago to carry out his special task. In response to the his renewed request, I have now detailed additional personnel. Brigadeführer Globocnik’s opinion is that we should carry out the entire Jewish operation as quickly as possible, to avoid getting caught in the middle some day when problems arise making it necessary to abort the operation.¹⁰⁷

*Aktion Reinhardt* Officials at the highest level collaborated in sending the *Aktion T4* personnel and bureaucratic infrastructure to the camps in the East. Staff members were moved from the main killing centres to the camps in order to make use of the expertise they had gained in the mechanization of murder. Eventually, they came to compose the vast majority of staff of the *Aktion Reinhardt* killing centres. Appendix A provides a list of SS officers at the *Aktion Reinhardt* camps. Of the 123 names listed, 102 people were transferred from the *Aktion T4* program to Belzec, Treblinka and Sobibor. The initial commandants of the camps were drawn from the *Aktion T4* program. Franz Paul Stangl at Sobibor was brought in from Hartheim. Dr. Imfried Eberl at Treblinka was the doctor in charge at Bernberg. Christian Wirth, a leading figure in establishing the euthanasia

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program, became the first Commandant of Belzec. Wirth was also in charge of the men transferred from the *Aktion T4* program to the *Aktion Reinhardt* camps.\(^{108}\)

### 3.2 (e) Similarities in Implementation

There is considerable debate as to how the Holocaust unfolded. For the purposes of comparing T4 and the Holocaust, it is important to note that both operated in a similar fashion. While there were strongly communicated messages from the highest levels of power, there was broad room for the interpretation of these messages. The implementation of genocide depended to a great deal on local variances, power struggles and perceived necessities. Longerich highlights this connection accordingly:

> If one attempts to reconstruct in detail the chronological and geographical progress of the mass murder of institutionalized patients, what emerges is an image of T4 as a completely non-standardized process dependent on a whole range of disparate factors.... What looks at first sight like a systematically organized and implemented programme for the murder of 70,000 people is revealed on closer analysis to be a complex network of central planning aims and revisions on one hand and a many-faceted mode of delivery on the other, which was dependent on several regional and chronological variants. T4 can be seen as a model for the ‘Final Solution’ in this respect.\(^ {109}\)

This is particularly true once euthanasia was officially halted in August 1941 and the wild euthanasia stage began.

To a large extent, other than some limited planning and inconsistent orders, wild euthanasia occurred at the behest of local authorities in institutions. They implemented killings on the basis of the messages (in official communications, unofficial directives and propaganda campaigns) emerging from the centres of power, which strongly reinforced the

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\(^{108}\) Burleigh, *Death and Deliverance*, 223-224.

\(^{109}\) Longerich, *Holocaust*, 140-141.
idea of inherent disposability where the disabled were concerned. Similarly, the Holocaust relied on the initiative and support of local mid-level functionaries to interpret and apply the articulated and unarticulated aims of the leadership.\textsuperscript{110} Orders from Hitler were often ambiguous, leaving considerable room for interpretation. Those who were responsible for implementing the Führer’s vision were working in a climate in which ideological fervor was mixed with personal motivation. Careers were on the line, and advancement through the Nazi ranks was highly desirable.

A speech given by a Nazi party official in 1934 captures the essence of the administrative structuring:

> Everyone who has the opportunity to observe it knows that the Fuhrer can hardly dictate from above everything which he intends to realize sooner or later. On the contrary, up till now everyone with a post in the new Germany has worked best when he has, so to speak, worked towards the Fuhrer.... [I]t is the duty of everybody to try to work towards the Fuhrer along the lines he would wish.\textsuperscript{111}

Thus, tracking a linear progression of the euthanasia program and the Holocaust is an unwieldy process. Both unfolded at the impetus of the leadership, with euthanasia having a firmer historical record with regard to the decision-making process. The two, however, mirror each other in their complicated implementation. The period of wild euthanasia reflects the initial targeting of the Jews by mass shootings in the East in the same way that the incarceration and execution of inmates mirrors the later death camp system.

\textit{3.2 (f) The Open Secret}

\textsuperscript{110} Longerich, \textit{Holocaust}, 5.
\textsuperscript{111} Werner Willikens, “Speech by the State Secretary in the Ministry of Food, 21 February, 1934,” Niedersächisches Staatsarchiv, Oldenburg, Best. 131, nr. 303, fol. 131v, quoted in Noakes and Pridham, \textit{Nazism 1939-1945}, 207.
The Nazi government undertook great effort to hide the euthanasia program. Yet, despite these efforts to hide the program, the general public knew of its existence. Information filtered out through various sources, mainly via administrative errors attempting to cover up deaths or by local townspeople near killing centres. Researchers are divided as to what role public outrage played in its official cessation. Though there were protests against the program, chiefly by the Catholic Church, Michael Burleigh and Götz Aly argue that the killing of the institutionalized was largely accepted by the majority of Germans. Protests were sporadic, and reflected a general discontent in certain sectors but there was no mass uprising and the program succeeded in killing its targeted 70,000 inmates before protests gained any strong footing. Aly further argues that the principal connection between the Aktion T4 program and the Holocaust lies in this open secret of euthanasia:

The significance of Operation T-4 lies... in its undeniable political success -- the overt as well as tacit acceptance of the murder of marginalized, defenseless people by the overwhelming majority of all sectors of the population. It is thus hardly surprising that the national leadership drew the obvious conclusions, continuing its extermination policy and trusting that the Germans would silently consent to this policy... If people did not protest even when their own relatives were murdered, they could hardly be expected to object to the murder of Jews, Gypsies, Russians and Poles.

However, Longerich argues that the public’s opposition to the program played a significant role in its halting, though he also notes that the program did not shut down until the goal of 70,000 killed was reached. Friedlander concurs, citing protests chiefly from family

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112 Burleigh, *Death and Deliverance*, 157-159.  
113 Ibid., 168.  
114 Aly, “Medicine against the Useless,” 92.  
115 Longerich, *Holocaust*, 140.
members affected by the program, the churches and the judiciary, and arguing that these protests led to the program being officially halted.\textsuperscript{116}

Similar to the euthanasia program, the decision to keep the killing process secret was mirrored in the Final Solution and yet the exterminations of Jews and others were also widely known among the German populace. Longerich argues that this “open secret” reflects indecision in the Nazi leadership in attempting to keep the killing secret, while at the same time distributing propaganda to justify extreme action.\textsuperscript{117} For example, with the Final Solution, the killing operations were obscured using euphemistic language, while propaganda increasingly radicalized after Hitler’s call in 1939 to exterminate European Jews in the advent of another world war.\textsuperscript{118} Jeffery Herf notes that propaganda after the Soviet invasion became increasingly exterminationist, presenting the killing of the Jews as, in his terms, a "pre-emptive strike" against international Jewry and the destruction of the German Reich. Yet, the program of extermination itself was not disseminated to the public at large; in fact, efforts were undertaken to keep it relatively secret, not least by keeping the death-camp operations in occupied Poland. Herf writes that "the balance of justification for mass murder and silence about the details was characteristic of Nazi propaganda throughout the Holocaust."\textsuperscript{119} This was especially true in the case of the deportations which were largely conducted without disguise from public view, yet the destination and purpose of the deportations was obscured.\textsuperscript{120}

\begin{itemize}
\item \textsuperscript{116} H. Friedlander, \textit{Origins of Nazi Genocide}, 111.
\item \textsuperscript{117} Longerich, \textit{Holocaust}, 141.
\item \textsuperscript{118} Jeffery Herf, \textit{The Jewish Enemy: Nazi Propaganda during World War II and the Holocaust} (Cambridge, MA: Harvard University Press, 2006), 1.
\item \textsuperscript{119} Herf, \textit{The Jewish Enemy}, 127.
\item \textsuperscript{120} Longerich, \textit{Holocaust}, 269.
\end{itemize}
3.2 (g) Active versus Passive Enemies

The Jews differed as a target group from the disabled principally because they were seen to pose an active threat. Jews were both a biological and a political enemy. Particularly after the invasion of the Soviet Union, Jews were constructed in Nazi Germany as synonymous with Bolshevism, united into a Jewish-Bolshevik aggressor. Hitler updated his racial anti-Semitism by adding the political threat of the Bolshevik, characterizing it as primarily a product of the Jew long before he came to power.\(^\text{121}\) In *Mein Kampf*, he directly equates Judaism and the Russian Revolution, arguing that “the international Jew [was] the real organizer of the Revolution and the actual wire-puller behind it.”\(^\text{122}\) This view was predominant among the Nazis.

As Jeffrey Herf notes, anti-Semitism and anti-Bolshevism were "core elements of Nazi ideological orthodoxy" with respect to defining the external threat to Germany. Jews were viewed as an international enemy bent on world domination.\(^\text{123}\) Christopher Browning argues that the trope of the Jewish Bolshevik was so deeply ingrained in the Nazi worldview that, by the time of Operation Barbarossa, it had “assumed a life of its own that drastically diminished the military’s ability to perceive reality.”\(^\text{124}\) The subsequent targeting first of Jewish males and eventually Jews regardless of gender was a result of this ideological pathology.

By contrast, the disabled in Nazi Germany were an internal and passive threat to the economic and racial integrity of the state. The disabled represented a disintegrated and

\(^{121}\) Browning, *The Origins of the Final Solution*, 224.
\(^{123}\) Herf, *The Jewish Enemy*, 92.
\(^{124}\) Browning, *The Origins of the Final Solution*, 248.
corrupted citizenry. Their existence was an issue to be remedied, but the threat lacked the immediacy and intensity ascribed to the Jews. If there was any urgency to the elimination of the disabled, it was out of a twisted but nonetheless rationalized economic necessity rather than an ideologically driven panic and paranoia. At no point was any competence or agency imputed to the disabled. While the Jew was at once a weak, diseased being and an effective enemy par excellence, the disabled were always entirely useless. The threat they posed was entirely passive, with the Jew positioned as the aggressor against the German state.

3.2 (h) The Gender Dimension

An interesting gender dynamic distinguishes the targeting of the Jews from the targeting of the disabled. Initially, the security police and the SD, including the Wehrmacht, targeted battle-aged Jewish males for mass shootings in 1940 and 1941. The targeting of men was permissible in a way that the targeting of women, children and the elderly for death was not. On August 15, 1941, this dynamic changed and the Einsatzgruppen began killing unproductive women, children and the elderly. This happened likely as the result of a direct order from Heinrich Himmler, who visited the Eastern front at this time. The escalation to include all Jews in the actions was a reflection of the “root and branch” strategy of a genocide that was predominantly ideologically driven. Nonetheless, it is

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125 Aly, Final Solution, 217.
126 Ibid.
127 Root and branch genocide refers to a program of extermination that is totalizing in its target, irrespective of gender or other criteria that may have impacted initial victim selection. See Adam Jones, "Gendercide and Genocide," Journal of Genocide Research 2, no. 2 (2000): 192. DOI: 10.1080/713677599.
interesting that the genocide of the Jews started specifically with men, while the genocide of the disabled began without respect to the gender.

The association of Jewish women, children and the elderly with the notion of unproductivity is indicative of the further and totalizing effacement of Jewish humanity at this stage in the genocide, and was an imperative ideological step on the path to total genocide. This is consistent with language that initially justified the killing of the disabled. Just as the disabled had been stripped of any and all human worth, all Jews were now seen as legitimate targets for mass and indiscriminate killing. In effect, gender no longer served to protect them, and indeed became irrelevant criteria in much the same way as gender never afforded any protection to a disabled victim. Once the Jews were stripped of their gender, the final piece of their humanity was removed. The rapid escalation to root and branch genocide is a reflection of a dehumanizing ideology that was first evidenced in the targeting of the disabled, and became all the more virulent for its underlying anti-Semitism.

3.3: Conclusion

The euthanasia program that began in September 1939 and ran officially until August 1941, continuing in a less structured but even more murderous form until the end of the war, was integral to the Final Solution. *Aktion T4*, the official program of euthanasia, provided the process and personnel for mechanized killings. However, the relationship between euthanasia and the Final Solution extended beyond the formal *Aktion T4* program. The first mass shootings were of institutionalized mentally ill people in the annexed Polish territories. Killing by mass shooting soon began to include, and primarily target, the Jews
across the Eastern territories, eventually numbering at least 1.5 million Jews.\textsuperscript{128}

Furthermore, the disabled were the first victims of the new gassing technology. Jews were killed concurrently during the formal euthanasia program, specifically for being Jewish but as inmates of institutions during \textit{Aktion 14f13}.

Both the euthanasia program and the Final Solution operated via a complex network of Nazi party functionaries and local officials under the impetus of broad and vague orders from the leadership. As a result, neither unfolded in a linear, uniform fashion, and a full picture of the operationalization of both events is difficult to reconstruct. Documentation of the euthanasia program is more complete. We can, for instance, trace definitive decisions by Hitler to begin and cease the euthanasia program, something that is missing from the historical record for the Final Solution. Nonetheless, research clearly shows that the unfolding of euthanasia and the Final Solution was highly dependent on the conditions, aims and initiatives of local authorities and mid-level bureaucrats engaged in power struggles. This is clearest in the period of wild euthanasia and the genocide of the Jews prior to the formal establishment of the death camp system. The death camps and the euthanasia killing centres mirror one another in terms of process and personnel.

While there are important similarities in the targeting of the Jews and the disabled, there are also important distinctions. The ideological extremity of anti-Semitism, and particularly its equation with Bolshevism, added a dimension to the killing that made it more virulent and widespread than the targeting of the disabled. By contrast, the disabled were perceived as a more passive threat, one that needed to be addressed, but which did

not carry the immediacy or menace of the threat posed by the Jews. Nonetheless, the connections between euthanasia and the Final Solution are pronounced and significant. To reiterate Raul Hilberg’s analysis, euthanasia can be understood as a conceptual, technological and administrative prelude to the Final Solution.\textsuperscript{129}

\footnotesize\textsuperscript{129} Raul Hilberg, \textit{The Destruction of the European Jews, Volume 3} (New Haven: Yale University Press, 2003), 932.
Chapter 4: Conclusion

Constructions of disability, specifically concepts of human biological inferiority, were fundamental to the bio-racial policies of the Third Reich. Nazi policy was obsessively focused on the racial inheritance of the future Reich, and the ultimate goal of the regime was nothing less than homogenization of the Aryan ideal across Europe. In this new context, there was no room for human variation. Anything deviating from an established Aryan norm was considered inferior or, at the extremes, sub-human. This was particularly true for the disabled and those who were included within the ranks of the disabled. As Sharon Snyder and David Mitchell argue, disability in Nazi Germany functioned as an “underlayer” in the establishment of categories of racial worth.¹

The foundation for the Nazi racial world view was built in the late nineteenth and early twentieth centuries with the emergence of eugenics. World War I radicalized a group of German academics, as well as providing a “test run” for the extermination of the disabled through starvation and neglect. The privations and losses of the war facilitated the development of postwar academic theories about the disabled that were previously unthinkable. Karl Binding and Alfred Hoche’s Permission for the Destruction of Life Unworthy of Life (1920) is an exemplar of radical eugenicist thinking that was profoundly influential upon individuals who would later become powerful in the Nazi party. Their work justified actions against the disabled, starting with a program of sterilization and culminating in euthanasia. These measures were enacted largely because of the

development of a racial hygiene philosophy that adjudicated human value and the potential threat of bad blood to the racial integrity of the *Volk*. The ultimate manifestation of racial hygiene was expressed in anti-Semitism. Nazi anti-Semitism contained important concepts that were connected to constructions of disability, including the idea of the Jew as containing degraded biology and disease, ultimately threatening the blood purity of the Aryan Reich.

Ideology provided a motivating factor for the Nazis to implement a euthanasia program against the disabled. Economic motivations, however, also played a significant role. Nazi Germany’s concept of disability was heavily reliant on a bio-medical model that was built from a flawed science. A bio-medical model of disability is predisposed to extremity given the right environment, because it permits the categorization of humans based on perceived defects. In the Third Reich, where the policy of the government was hyper-concerned with distinguishing proper Aryan Germans from the “ballast,” the disabled stood no chance of fair and equitable treatment. Instead, they were perceived as an economic burden that needed to be jettisoned by the state. Propaganda against the disabled focused almost exclusively on the economic waste of housing and feeding this segment of the population, while the government rationale for the euthanasia program was explicitly tied to a rationale of cost savings in a time of war. This trend was already notable, and murderous, during the World War I.

The euthanasia program in Nazi Germany began with children, under the auspices of granting a request from a father in 1938 for a merciful death for his severely disabled son. Historians have cited this request as the impetus for the formalization of a euthanasia
program.\textsuperscript{2} It is important, however, not to lose sight of the fact that a euthanasia program was contemplated as early as 1933.\textsuperscript{3} Focusing on the Knauer baby gives euthanasia a merciful overtone that was utterly absent from discussion of the program. At no time was the suffering of the victims a concern of the Nazis. Ethical debates about euthanasia aside, any attempt to shield the origins of euthanasia under a banner of mercy killing is disingenuous.

The program rapidly expanded to include adults, and at this stage took on a formal bureaucratic structure that later become known as \textit{Aktion T4}. The official program of euthanasia was supposedly ended in 1941, on orders from Adolf Hitler, but the killings continued, and even increased under the wild euthanasia program of August 1941 to May 1945. Euthanasia was the first campaign of mass murder in the genocide waged by Nazi Germany between 1939 and 1945. It was, in many ways, the prototype of the killings that occurred later, particularly the genocide against the Jews. This thesis has drawn particular attention to early phases and aspects of overlap between euthanasia and the Final Solution, focusing on the killing of the Jewish mentally ill, the targeting of mentally ill patients in the East, \textit{Aktion 14f13} and the construction of the death camps. The implementation of both campaigns reflected a similar bureaucratic infrastructure and process, displaying a complex relationship between the higher leadership and mid-to-low level bureaucrats responsible for implementation. Both campaigns show how a broad ideological objective can be executed with considerable leeway granted – and encouraged – at the local level.

\textsuperscript{2} Peter Longerich, \textit{Holocaust} (Oxford: Oxford University Press, 2010), 136.
Furthermore, the tension in the government between justifying actions and simultaneously attempting to keep them secret is reflected in both the euthanasia campaign and the Holocaust.

The Jews, however, occupied a distinctive space in the spectrum of victim groups targeted by the Nazis, and this thesis has been careful not to draw too direct an equivalence between the targeting of the Jews and the disabled. Several key factors set the Final Solution apart from euthanasia. The economic rationale for killing the disabled was much more pronounced than in the case of the Jews. In part, the reason for this distinction lies in the fact that the Jews were constructed as active enemies; the Jewish-Bolshevik threat presented an immediacy that the disabled did not. Accordingly, the disabled can be understood largely as passive internal enemies of the state. We see this reflected in the open campaign of terrorization against the Jews that was not mirrored in the treatment of the disabled.

4.1 Future Research Directions: Disability and Holocaust Studies

Much remains to be understood about the connection between the murder of the disabled in Nazi Germany and the total program of genocide. This thesis has limited its scope to a comparative analysis of euthanasia and the Jewish genocide, but there is considerable overlap in the killing of the disabled and other victim groups. Though this thesis has sought to make inroads into an analysis of disability in Nazi Germany, it remains to be fully understood how a predominant biomedical model of disability evolved in the years prior to the onset of the Nazi era, and the potential connection this may have to the delineation of other victim groups. A full analysis of the role of constructions of disability in the initial
phases of killing by mass shooting might reveal further important information about the Nazi justification for the mass murder of the so-called Untermenschen in the East.

Research into the mass shooting of the disabled during the Eastern occupation is sparse. Further investigation needs to determine the strategy and scope of the targeting of the disabled in this manner. Moreover, a comparative analysis of the victimization of the Roma and Sinti seems warranted, given the tentative connection that emerges in the recollection that the Roma and Sinti were first classified as mentally ill due to their predisposition towards “un-Germanness.”4 There is space for more detailed research into the overlap between the Asozial and the disabled as well, given the particular blurring of both these victim groups.

Finally, another potentially fruitful avenue of research would be the connection between race, disability, and colonialism as perceived by the Nazis. Disability studies has noted the similarities at work in the racial project of colonialism and the targeting of the disabled, but no systematic analysis has been undertaken, in light of the connections now being drawn between colonialism and the Holocaust, to examine how the euthanasia program figures in these constructions. Research into the relationship between the euthanasia program and the German colonial project in South West Africa is nonexistent, but given the eugenicist overtones of the racial hatred that lead to the genocide of the Herero and Nama, important connections to the euthanasia program are not unlikely.

4.2 Challenges to Integrating Disability and Holocaust Studies

Scholarship in Holocaust studies has forged a definitive connection between euthanasia and the Final Solution. What has been largely overlooked in the research record, however, is the role that disability, as something socially constructed, played in the development of the Holocaust. This thesis has approached this subject from a comparative genocide studies perspective that is also informed by key works in the field of disability studies. Yet disability studies has much more to contribute to the analysis. Those few disability scholars who have begun to analyze this period of history have emphasized the targeting of the disabled much more emphatically than has previous scholarship. This approach is amply justified, since the disabled, with some notable exceptions, have been largely overlooked.

Disability scholars, however, face challenges when trying to integrate their theory into Holocaust studies. While Holocaust scholars have overlooked disability, disability scholars thus far seem blind to the larger contentious and emotional debates within the field of Holocaust studies. Since disability scholars are frequently working within an activist framework, there is an impetus in the scholarship to give a legitimate victim voice to the disabled in the same way other victim groups have been given a distinct identity, such as the Jews and the Roma and Sinti. The reasoning is clear: if it can be said that the targeting of the disabled was causative, then there is additional credibility for arguing that the disabled constitute a uniquely vulnerable victim group. There is a dangerous temptation at work here to participate in a kind of “Victim Olympics,” in which a designated victim group wins by claiming an exceptional and, more absurdly, definitional status. Coupled with an impulse to define the terrors of the Holocaust within understandable and thus preventable
parameters, disability studies is rehashing issues that plagued Holocaust scholars in their early efforts to define and understand the targeting of the Jews. In such an environment, there is little room for nuance, and the multifaceted reasons for the outbreak of genocide in Germany get obscured by an activist lens.

Some disability studies scholars have gone to an extreme, positioning Akton T4 as the origin point for the genocide. Sharon Snyder and David Mitchell argue that:

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. Scholars persist in casting eugenics as a ‘quack science’ or a ‘bad idea’, thus permitting it to pass as a historical aberration.\(^5\)

This construction is forced, and belies the complexities of explaining how the Nazi genocide came to pass. It seemingly strong-arms euthanasia into the space that anti-Semitism has occupied as a primary defining cause of the genocide. It is true that the scholarship has, to date, presented an analysis of the euthanasia period in Nazi Germany that aligns itself with modern biomedical models of disability. It is also true that disability is, to a great extent, missing from mainstream Holocaust scholarship. It does not follow, however, that the failure of scholars to engage seriously with the issue of disability is obscuring the origins of the Nazi genocide. The work of using a disability studies lens to re-examine this period of history must be conducted within the larger context of debates and issues in Holocaust and genocide studies. This is even more central an issue when one attempts to analyze the role that the euthanasia of the disabled played in the genocide, whether one considers the targeting of the Jews specifically, or includes the myriad other victim groups targeted by the Nazis.

4.3 Future Research Directions: Disability and Genocide Studies

When feminist studies first appeared, it “turned the entire academic curriculum inside out to reveal the epistemological consequences of the androcentric biases in the knowledge base.” Whether disability studies has the potential to do the same for genocide studies is uncertain, but by revisiting the existing research record, significant deficits as a result of assumptions about disability can be revealed and contested. Future research that embraces theory from the field of disability studies will add nuance in identifying and examining genocides that feature disabled victims. Since the predominant definition of disability within genocide studies remains a biomedical one, it is likely there are significant gaps in the scholarship that have yet to be revealed.

There is, to date, no substantial academic research on the unique vulnerability of the disabled during episodes of mass violence. Logic would suggest that if one constructs a group of people solely in terms of the deficits they hold as members of a human community, whether in times of peace or during times of conflict, this group will be infinitely more vulnerable. We know that the disabled are at a higher risk in a destabilized nation, whether the destabilization arises from a man-made or a natural disaster. Statistics show that between 7 and 10 percent of the world’s total population has some kind of disability, and over 80% of these people live in developing countries. According to Stewart

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Mercer and Rhona MacDonald, “Disabled people represent the biggest definable disadvantaged group on the planet.”

Yet, despite these statistics, we lack a solid study of the risks the disabled face at the onset and during a genocide, in the same way studies have been undertaken to identify the unique vulnerability of battle-aged males, women and children, the intelligentsia, and other discernible victim categories. My research has led me to suspect that the disabled serve as a kind of canary in the coal mine, and tend to be among the first victims in a genocidal situation, because their status as disabled coupled with whatever other national, ethnic, racial, religious or political identity they may hold makes them doubly vulnerable. Comparative genocide studies could benefit from a systematic review of the major cases of genocide from a disability studies perspective to reveal the connections, if any, to constructions of disability and the particular risks facing the disabled.

It may also hold that the disabled, like the elderly, children, or women, are sometimes accorded a special status and granted immunity from mass killing in genocides that are primarily focused on elements of a targeted group that pose an “active threat,” notably battle-aged and able-bodied males. This did not hold in Nazi Germany, where the disabled were not accorded the same protections as Jewish women and children initially were. However, the disabled were also not targeted as an active threat in the same way battle-aged males were. In effect, they were genderless before the genocide became totalized in the same way gender becomes meaningless in a root-and-branch genocide. A comparative-genocide analysis of disability, the categorization of victims and potential

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intersections with gender and constructions of “active” or “mortal” threats would show whether or not the disabled are ever accorded a privileged status or if they are targeted for killing at the outset of violence.

Another potential area of research is the role of disability in a post-genocide society. Many survivors emerge from genocide with physical or mental disabilities. There has been a substantial body of research into trauma and genocide, but I was unable to locate any scholarship that integrates disability studies with comparative genocide studies and looks specifically at the issue of disability and survivorship. It is likely that this avenue of research would augment our knowledge of post-genocide trauma and rehabilitation.

Robert Jay Lifton, in his analysis of euthanasia in Nazi Germany, writes: “If you are curing a sickness, anything is permissible.”9 Lifton’s words are a salient warning. If we understand disability only as a medical defect, then many actions that would be abhorrent under any other definition become acceptable in a radicalized environment. Genocide studies scholars, in particular, should be attuned to this dynamic. The disabled are a vulnerable victim group because they are undervalued in a stable society. Their perceived worth only depreciates in a society under stress.

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Appendices

Appendix 1: Overlap between *Aktion Reinhardt* Staff and the *Aktion T4* Program

This appendix, based on research conducted by the *Aktion Reinhardt* Camps Group (founded in 2002), compiles research conducted by Holocaust scholars for the *Aktion Reinhardt* Camps Research website and details crossover between SS personnel employed by both an *Aktion T4* facility and an *Aktion Reinhardt* camp. A (?) indicates some uncertainty in the historical record.

The ranks given in this table include:

- SS- Unterscharführer (junior squad leader)
- SS- Scharführer (squad leader)
- SS- Oberscharführer (senior squad leader)
- SS – Hauptscharführer (chief squad leader)
- SS - Untersturmführer (junior assault leader)
- SS- Sturmbannführer (assault unit leader)

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2 This notation is not clarified in the original
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