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Stories of Euthanasia in Germany

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Abstract: The lived context of euthanasia under the Nazis is established through four brief narratives. The first two tell of the author's experience with a German farm family which hid a deaf mute during the war and with a "silent" building which turned out to have housed Joseph Mengele and his staff. The third narrative concerns Mengele's fascination with a Gypsy boy at Auschwitz and the fourth a film used to accustom German audiences to mercy-killing. A survey of key developments in the history of eugenics theory in Germany and the United States follows, and a thesis is developed that the same racial-purification impulses that drove German science during the 1930s and 1940s were present in American documents and legal proceedings.

I

WE KNOW A GREAT DEAL about the history of the "Nazi doctors," a group far more amorphous than the title of Robert J. Lifton's (1986) well-known study would imply. Yet knowledge comes to us from more than archival texts and lists of data, especially, it seems, when that knowledge is difficult to understand or painful to confront. Narrative—the telling of stories—helps us structure and make meaning out of knowledge and experience and data and history. I would like to introduce this difficult subject of doctors who became murderers and of science which became the servant of ideology, with four stories—two personal and two public. These may help survey the terrain before us.

Story 1: The Deaf-Mute in Frotheim

I have been going back and forth to Germany since 1982 when I was first a student there. In 1982, my wife, also a Germanophone and Germanophile,

lived with a host family in the little agrarian village—the word is generous—of Frotheim. Since then, we have visited that family several times, including stays with our two children. We have come to know and love the Schäfers well.¹ They farm the land that has been in the family for over 300 years at the little, oaky crossroads called *Nutteln*, the acorn place, and the scene is as idyllic as one could ever imagine. (It helps of course if one's notion of the idyll can accommodate 200 cattle fattening in the barn and 600 hogs doing the same in their pens).

The Schäfers know I study German cultural history and spend a lot of time reading, writing, and teaching about the Holocaust. In a striking conversation about three years ago, we heard for the first time about a cousin, now long dead, who was born a deaf-mute.

During the middle years of the war, Mrs. Schäfer's father left to fight on the Eastern Front, drafted off the farm despite his age (he was over forty at the time). He told the family to do two things for him while he was away: not to allow the army to requisition his favorite horse and to keep the deaf-mute cousin hidden. The family evidently protected the handicapped cousin from the authorities and had done so already for several years before Mrs. Schäfer's father had to leave for the front. Upon hearing this, I asked why they hid the cousin (knowing full well why) and was told point-blank: so he would survive.

The cousin lived in the nearby city of Osnabrück and was sent to live with relatives on the farm where he would be safer from the authorities. Mrs. Schäfer said that, at the time, they all knew handicapped people were forced to go to state hospitals and often died suddenly there; she said bluntly that it was indeed a matter of life or death for her teenage cousin. Although then she was only a child in grammar school—born about 1936—she already knew the power of the National Socialist state. In 1943, when the area's horses were requisitioned, Mrs. Schäfer's eleven-year-old brother shot their father's horse.

Although there seems to have been no negative repercussions, there certainly could have been. "Saving" the horse is now seen by the family as a striking example of courage and defiance, as was the act of hiding the handicapped cousin from German public health officials from 1939 until 1945. The family—Mrs. Schäfer's mother and her four children between the ages of eleven and five, an aunt and her three young children, an elderly great-aunt, the two old grandparents, and, of course, the deaf cousin from the city, who was hidden in the cellar or the barn when strangers or the authorities came—all survived the war. When her father returned from a POW camp in

the East some years later, he was, she said, overjoyed to find out that they kept both the cousin and the horse from the hands of the Nazis.

Story 2: A Sign in Berlin

As a student in Berlin in 1986, I used to walk past the building of the former Kaiser Wilhelm Institute for Anthropology in Berlin-Dahlem, now a part of the political science faculty of the Free University of Berlin. One day I noticed a temporary poster hung over the front door. It said something about the “need to know” about the building and the role it played in the Holocaust. I was interested, but ignorant. The next day, the poster was gone. But by doing some reading, I discovered that the Kaiser Wilhelm Institute for Anthropology, Human Heredity, and Eugenics (Kaiser-Wilhelm-Institut für Anthropologie, menschliche Erblehre und Eugenik [KWI]), founded in 1927 and headed first by Eugen Fischer, had been housed in the building I walked past so often on my way to the library.

The presence of the past in Germany is something almost haunting. Omer Bartov (1991) has recently written about the Jewish “representation of absence” in postwar German culture and this idea can be used to describe the representation of the past more broadly in Germany and Austria today. “Not representing a phenomenon may have either to do with its perceived irrelevance to current preoccupations or with a sense of unease about its implications for the present. In other words, the absence of representation may be caused by two contradictory, though not necessarily mutually exclusive, factors: indifference and anxiety” (p. 212). Bartov goes on to point out that absence forces us to consider the things and people that are absent. So, what is absent in Germany is also present—in history, in one’s mind, in a culture’s stories. Paradoxically, what one cannot see, what is absent, is what one knows is present. The absent becomes present *even in and through* its absence. There is power in the memories, the traces, the indentations of the past, and power in the Benjaminian *aura* of an historical site.²

Bartov’s questions deal with what people know, or, in a way, what a culture knows about its own history. The memory of the Kaiser Wilhelm Institute was repressed, absent, unseen for a generation before students, scholars, and questioning survivors rediscovered its presence on a quiet street in Berlin-Dahlem. The Goldhagen controversy, the arguments surrounding the “Crimes of the Wehrmacht Exhibition,” or the Bitburg affair and the historians’ dispute which followed, all show that the question about what people know is key.³ Since the deeds themselves, this question of knowledge has been at the center of Holocaust historiography, of the Nuremberg trials, of questions of

guilt—individual or collective. The sign at the Kaiser Wilhelm Institute offered a modest representation of the past, at least in the form of the temporary poster, of the crimes of the past perpetrated in Germany’s name and by Germans. But, wasn’t there a lack of representation on any day before the poster went up and after it came down?

The kind of awareness embodied in the poster—of the place the past occupies—is relatively new for Germany’s public sphere. In advertising a later exhibition on Nazi legacies and the history of the university, the local student government wrote the following comment:

In the former main building of the department of political science, the Kaiser Wilhelm Institute for Anthropology, Human Heredity, and Eugenics, along with its staff member Josef Mengele, delivered pseudoscientific legitimation for Nazi experiments from 1927 until 1945.⁴

My story about walking past the former place where scientists became murderers is a story about the silence of the past and the apparent emptiness of place. Only through knowledge does place evoke memory and stories. My third story, of Josef Mengele, moves narratives from private to public.

Story 3: Mengele and His Gypsy Boy in Auschwitz

Mengele’s presence in today’s landscape of the Free University community points to the place that Nazi doctors once occupied there and at other universities all over Germany. However, it is not the case that our image of the “Nazi doctor”—the Mengele we know—should serve as representative. Most Nazi doctors did their work and faded back into society after the war; most were not well known and much less notorious than Mengele. The “Nazi doctor” in our minds is not necessarily only the evil Hollywood version of a character like Mengele, whom we know from his fantastic tale of escape to South America, the discovery of his body (positively identified by Israeli agents), and the subsequent publicity of his case through the German popular press in the 1980s. A very public libel case against author Peter Schneider (1987)—whose novel *Vati* portrayed the inner life of Josef Mengele’s son, Kurt Mengele, as he grew without his father—brought to the minds of Germans the possibility that anyone’s long lost uncle might actually have been a war criminal of the very worst sort.

Mengele as “Angel of Death” hit the German newsstands in the mid-1980s, about the time Robert J. Lifton’s 1986, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* made this generalized persona part of pub-

lic discourse in the United States. The subject has been the standard stuff of college term papers ever since. By the time Stephen Spielberg (1993) got to Mengele in *Schindler's List*, we needed hardly any introduction to the handsome man in the white lab coat (rather than in an SS uniform) performing a *Selektion* with kindly words. Perhaps Sara Nomberg-Pryztyk's (1985) description in her memoir *Auschwitz: True Tales from a Grotesque Land* is all we need to know about Mengele and his sadistic experiments with twins, children, and women.

We were sitting in a little room in the infirmary when Marusia yelled, "Achtung!" We jumped up quickly and ran inside. We were standing at attention when Mengele walked in with a little gypsy boy who may have been about four years old. The little boy was a beauty. He was dressed in a gorgeous white uniform, consisting of long pants with an ironed-in crease, a jacket adorned with gold buttons, a man's shirt, and a tie. We stared, as if bewitched, at that beautiful child. It was clear that Mengele was pleased to see us thus enchanted. He placed a chair in the middle of the infirmary and sat down in it, keeping the little gypsy squeezed between his knees. The little boy understood German. "Show them how you dance the *kozak*," he said. The little one danced the *kozak* while Mengele clapped his hands in rhythm. . . . "Now sing a song." The little one sang a haunting gypsy melody. In the fall of 1944, the end came for the gypsy camp. I don't remember the exact date, but the liquidation took place one October evening. In the morning all the young gypsy women were taken. As they were being herded to the transport, the women cried bitterly. Evidently, they understood that those who were staying in the camp were condemned to death. It was true. The same evening you could hear the murmur of the engines. They were all being taken to the gas chambers. In that one night, twenty thousand gypsies were murdered. It is peculiar. But throughout that whole slaughter we could think of only one. Was Mengele going to protect the beautiful boy from the gas? The next day he paraded through the camp without the little gypsy. The men told us that at the last minute Mengele had pushed him into the gas chamber with his own hands. (pp. 83-84)

Nevertheless, the image of the evil Nazi doctor is extreme. Most Nazi doctors were not working in the death camps killing people with their own bare hands; most Nazi science was not even "pseudoscience." I am interested in seeing where medicine and science cross the line to murder—where the truth that science seeks becomes too dependent on political ideologies to be true.

For us, in the context of a discussion of euthanasia in this century, of course Mengele represents the obverse of the caring physician. He received a medical degree from a university in one of the most advanced societies in the world. He was a doctor, yet not a healer. One point of his story is that it warns us about the danger of relinquishing the power we possess to others simply because they occupy a place of status. Another is that it warns against seeking answers in science more broadly and of expecting science to work for, and nourish, the common good. We cannot allow Mengele to represent the medical profession in Germany during the Third Reich, yet we cannot forget that that same medical profession produced him, condoned his presence, and engaged his work.

Story 4: Berlin-Babelsberg and the Moral of *Ich klage an*

One of the most insidious Nazi propaganda films was released in the summer of 1941 (Welch, 1993, p.71). *Ich klage an* [I Accuse] (Jonen and Liebeneiner, 1941) starred some of the best-known actors of the day, and was a sophisticated, polished production of a tragic tale of terminal illness.⁵ The film presents a respected pathologist who narrates two case histories: that of a dying young wife and that of a deformed baby, alive, though vegetative. The result is a convincing case for euthanasia. The smart young doctor's beautiful wife is diagnosed with multiple sclerosis. The scientific and progressive-thinking husband becomes ever more disturbed as he realizes that modern medicine can do nothing to keep his wife from the painful slide into invalidism, and ultimately, a grueling death. Through his intervention in another case, he helped the life of a badly deformed infant. But now the baby monster lives a meaningless, vegetative existence, no real life at all. This becomes clear through a striking shot taken from the crib looking up at an assembled group of doctors and nurses who peer down into the camera with horror on their faces.

Thus, the film makes its first straightforward point about the errors of extending life at all costs. With the horror of this *lebensunwertes Leben* (life unworthy of life) now documented for the viewer, the main story, of rationalizing the killing of a person out of mercy, gains even more power, especially as it is the wife herself who begs for her own death.⁶ Because his wife's suffering becomes more unbearable, the doctor decides to kill her with a drug overdose. The film makes clear that the killing was an act of mercy. As a coda, the doctor is accused of murder, and the final trial scenes allow the arguments for euthanasia to be presented once again in articulate summary. According to secret police reports, *Ich klage an* was well received by the

public. All told, more than eighteen million Germans—nearly a quarter of the population—saw the film (Welch, 1993, p. 72).⁷ This story of euthanasia was indeed very public.

II

However, what do we really know of euthanasia, Nazi doctors, exclusion from the biologically determined folk community, and the place of all this in the minds of Germans and Nazis, past and present? How can we find these stories in the historical tapestry scholars and witnesses have woven together for us? The narratives all begin with eugenics, the science of human breeding.⁸ Eugenics represents the faithful but false hope of the outgoing nineteenth century, a century of science and rationality and progress in perfecting humanity. Nietzsche had killed God, and in his place stood the scientists whose progeny would become the technocrats of our century. By looking at the ideas of eugenics we can come to understand—in a very direct and clear way, it seems to me—why and how medical professionals killed people. We can also come to understand those who doubted the super-rationality of the totalitarian state, those who protected their privacy and property, who saved the lives of their ill and handicapped.

The connection between medicine on the one hand, and race science, or racial hygiene, or eugenics on the other, is central in understanding the genesis of the euthanasia discussion. The science of so-called racial hygiene, or eugenics, had its roots deep in the nineteenth century, not only in a kind of Social Darwinism, which applied the notion of a struggle for survival to humans in society, but also in the new sciences of anthropology and sociology and in new advances in pathology, psychology, and anatomy. The mid-century explosion of knowledge about the human body led to a kind of utopian optimism about science and what it could do for humanity. *And*, the scientific study of society led to the idea that social problems could be solved by science. People felt the rational world had arrived and all would be well. Progress was inevitable.

The term “eugenics” was coined in 1881 by the British scientist Francis Galton and was common scientific parlance within a generation. The American eugenicist, Charles Davenport, defined it as “the science of the improvement of the human race by better breeding” (Friedlander, 1995, p. 4). The eugenics movement developed within the larger movements of social Darwinism and Mendelian genetics. Scientists thought there was a gene (what they first called “germ plasm”) responsible not only for things like eye color or blood type, but also for the inheritance of social traits like nomadism or

“thalassophilia” (the love of the sea). What might seem farfetched now, was solid thinking in the first half of the twentieth century.

The Eugenics Records Office (ERO), in Cold Spring Harbor, New York, became a center of eugenic research. Set up with funding from the likes of Rockefeller, Carnegie, and Harriman, it had both social and scientific influence. The ERO served the special interests of a new class of managers who wanted to introduce rational social planning into human affairs; the biological and genetic manipulation proffered by ERO science would help meet those ends. It was to be better living through good breeding. And of course, the inverse was clear too: society must prohibit bad breeding. This led to studies of deviancy in social affairs paralleling those of pathology and disease in human biology. The idea was to find which traits—biologically undesirable as well as socially deviant—could be isolated, and then to prohibit their transfer from one generation to the next. In turn, this led to a scientific basis for the classification of worth and value of people, nations, individuals, and groups. It was believed that thousands of years of human racism, classism, bigotry, and prejudice now had obtained sound scientific foundations.

In these “innocent” years before World War I, intelligence testing began to take off. Cyril Burt began work on identical twins raised apart (in England); it seemed a simple and classic test for nature versus nurture. Robert Yerkes, at Harvard, began testing soldiers (1.75 million of them) in 1917, and the test data boom was born. Though we now know the exams tested acquired cultural knowledge and not raw intelligence, the results showed that the ideas of the eugenicists held true: recent immigrants, people of color, and people of lower socioeconomic background *were indeed just not as smart!* One of Yerkes’s followers, Princeton psychologist Carl Brigham, later served in a key role at the College Entrance Exam Board and developed the SAT (Scholastic Aptitude Test).⁹

Lewis Terman, creator of the Stanford-Binet intelligence test, argued that “class boundaries had been set by innate intelligence” and that “children of successful and cultured parents test higher than children from wretched and ignorant homes for the simple reason that their heredity is better” (Friedlander, 1995, p. 6). He further asserted that “not all criminals are feeble minded, but all feeble-minded persons are at least potential criminals. That every feeble-minded woman is a potential prostitute would hardly be disputed by anyone” (Gould, 1981, p. 181). *Moron, idiot, imbecile, feeble-minded, degenerate, schwachsinnig, minderwertig, entartet*—these and similar terms became part of a medicalized analysis of apparently hereditary qualities of intelligence and social conformity. In keeping with the theories of eugenics, those seen as

having less value because of their race, class, or intelligence—the differences in these criteria are hard to separate—were to be kept from procreating. In 1907, Indiana enacted the first sterilization law, and by 1930, half the states in the United States had legalized the sterilization of “inmates of mental institutions, persons convicted of sex crimes, those deemed feeble minded by IQ tests, ‘moral degenerate persons,’ and epileptics” (Friedlander, 1995, p. 8).

Not all were convinced by the progress of science in the form of eugenics. In 1927, a Virginia law allowing compulsory sterilization for persons suffering from “a hereditary form of insanity or imbecility” was challenged and upheld. The arguments against the law are strikingly current and humane. Hear the attorney for the plaintiff:

If this act be a valid enactment, then the limits of the power of the State (which in the end is nothing more than the faction in control of the government) to rid itself of those citizens deemed undesirable according to its standards, by means of surgical sterilization, have not been set. We will have “established in the state the science of medicine and a corresponding system of judicature.” A reign of doctors will be inaugurated and in the name of science new classes will be added, even races may be brought within the scope of such regulation, and the worst forms of tyranny practiced. (Friedlander, 1995, p. 8)

The Supreme Court took the case, and the opinion is a sign both of how persuasive the arguments of eugenics were and how a belief in human progress overrode even plainspoken calls for the respect of human dignity and for skepticism about the power of the state. Oliver Wendell Holmes wrote for the majority (composed of Louis Brandeis, William Howard Taft, Harlan Fiske Stone, Willis Van Devanter, James C. McReynolds, George Sutherland, and Edward T. Sanford):

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

is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough. (Friedlander, 1995, p. 8)

As we know from the notorious 1992 study, *The Bell Curve* (Herrnstein and Murray, 1994), the distance between discussions of intelligence and justifications of racism is not very great.¹⁰ By the 1940s, the revelations of German crimes had discredited eugenic theories in the United States; but in Germany, eugenics came to serve one of the most important roles in justifying the Holocaust, even in helping cause it. The mix of both a “radicalized psychiatry” and racist anthropology found special purchase in the Germany and Austria of the 1920s and 1930s (Siemen, 1995). After the National Socialists came to power, of course the mix became deadly.

Different terms for eugenics were used in Germany at the time: *Erbhygiene* [hereditary hygiene], *Rassenhygiene* [racial hygiene], *Fortpflanzungshygiene* [reproductive hygiene], and simply *Eugenik*. (This latter term was used and understood by all, in both German and English.) In Germany, eugenics had gained a strong foothold in universities by the mid-1920s. One of the most articulate scholars was also one of the most pernicious. Hans F. K. Günther was a prolific scholar and popularized a specifically racist and anti-Semitic version of eugenics. Günther was one of several dozen prominent scholars of racial hygiene but the only one of import to have joined the Nazi party before Hitler came to power. He received the chair in racial hygiene at Jena in 1930, joined the party in 1932, and went on to another professorship at Freiburg. Günther’s main works, *Rassenkunde des deutschen Volkes* [The Racial Science of the German People] (1922), *Rassenkunde Europas* [The Racial Science of Europe] (1924/1929), and *Rasse und Stil* [Race and Nobility] (1929) went through dozens of printings, and several spin-off products such as slide series and posters illustrating his points about race and heredity, helping his ideas reach millions.

The publisher of his works, J. F. Lehmann in Munich, issued dozens of titles on racial science, race-based social policy, and racist ideology, including school textbooks and scientific reference works. These were all in fine editions, all by established university and government professors and officials, and all, from our vantage point today, thoroughly racist and inhumane.¹¹ Perhaps Lehmann’s most important title in the field was the so-called *Baur-Fischer-Lenz* (1923), a work which became the bible of racial science in the twenties and thirties.¹² While *Baur-Fischer-Lenz* served the educated and university readers, Günther’s works served the bourgeoisie; he developed a “Nordic-racial grammar” and popularized scientific racism.¹³ The essential-

ist connection Günther makes between language and a peoples' way of being is representative of his thinking:

Without a doubt, the creative force of the Nordic race and its fecundity of creative men is also related to the fact that its main peoples have been able to express themselves in their own innate language throughout history. One can say further: the strong poetic gift of the Germanic tribes is also related to the purity of the Germanic languages which have lost very little of their rich expressiveness [through importing foreign words].¹⁴ (1922, p. 366)

This sort of chauvinism may seem foolish and relatively harmless when discussing poetry, but when judgments about all aspects of the quality of life are subject to the same standards, profound harm results. Gould, Friedlander, and others provide detailed accounts of the radicalization of science in this context.¹⁵

The move from excluding the handicapped to murdering them began early. While the likes of Günther and Baur-Fischer-Lenz went about creating the ideological underpinnings of the science of eugenics, others were calling for the logical and radical outcomes of such work. As early as 1920, Karl Binding, a well-known and respected jurist, and Alfred Hoche, an established psychiatrist and neurologist, published a polemical tract arguing for the destruction of "life unworthy of life." The book became the basis for much of the thinking about euthanasia during the years preceding the Holocaust and put forth two key arguments in this context of eugenics: first, that the good of the folk community should take priority over the rights of an individual; and second, that the traditional obligations of physicians "to do no harm" was an old-fashioned notion that should no longer apply to modern societies.

While the discussion of euthanasia at the time tended to center on mercy killing or assisted suicide in cases of terminal illness (the wife in the film *Ich klage an*), Binding and Hoche concentrated instead on the broader idea of *lebensunwertes Leben*, thus also including as their targets the handicapped and mentally ill (the baby in the film). The trajectory of their argument also led unavoidably and necessarily toward the acceptance of excluding, and thus killing, not only patients who were unproductive and unworthy, but also those who were *gemeinschaftsfremd*, alien to the community (Friedlander, 1995, p. 7). From being *gemeinschaftsfremd*, alien to the community, to being *artfremd*, alien to the race, was but a small, logical step and it was taken based in part on these early arguments of Binding and Hoche.

One perhaps unanswerable question is why this logical association between handicap or illness and “racial” difference found no resonance in established euthanasia circles outside of Germany. One obvious factor has to do with the difference between open and closed societies. The architects of the new, National Socialist German society clearly saw the pivotal role that race science played in their construction. Dissent from this plan was simply crushed. Other possible reasons remain troublingly difficult for us to fathom. Certainly, notions of some particular German national character especially predisposed toward pursuing a pure German people have been cast, in the light of the Balkan and central African wars, in grave doubt. An urge towards purity within society seems quite common in all societies, and ideas of racial superiority and inferiority were probably never more popular (and popularly articulated) than at the turn of the century in the United States. Likewise, British, French, and Belgian colonialism of the late nineteenth century seemed, in a basic sort of way, to “prove” Social Darwinist ideas of progress and competition to be “true.”

Germans’ experiences of war in the trenches, near-starvation on the home front, subsequent hyperinflation, and political unrest can only go so far toward explaining the rise of Hitler and the Nazi state. Yet, these social traumas must also have deepened the Germans’ readiness to accept racial science ideas that placed them at the top of the tree, and a medical science that advocated rational breeding for the improvement of the people as a whole. Above all else, it seems that an ideology of racial superiority propagated within a closed society allowed eugenic thinking to become normalized in German society and culture during the 1930s.

Because of this acceptance, the history of our age and our lives is forever altered. In the work of Binding and Hoche, then, we can see the top of the slippery-slope argument that led in large part to the Holocaust itself. The ideological roots of the Holocaust did grow, not only in the fertile soil of what Goldhagen calls “eliminationist antisemitism,” but also in the legal and scientific arguments for euthanasia.

After the assumption of power by the Nazi party in 1933, and that year’s *Gleichschaltung*, or bringing into line, the nazification of all aspects of German society began in earnest. In 1934, German doctors were advised that abortions performed to prevent the births of children with hereditary defects would not be prosecuted. We know that in 1935 Hitler said that once the war started, euthanasia would be possible. A 1936 law provided for expanded sterilization procedures (a first version dates from 1932). Marriage laws affecting not only the health, but also the “racial” fitness of both partners took

effect in 1935 and 1936. By 1938, at a meeting of state hospital administrators, we hear that “a solution for the field of mental health would simply require that one eliminates those people,” and that elimination began to happen in October of 1939 (Friedlander, p. 62).

The structures involved in implementing the first murders were complex, though well known.¹⁶ Victor Brack was in charge of setting up the system of offices organized administratively under the Reich Chancellery (headed by Philipp Bouhler), though disguised through various fake names and institutions. These offices, whose employees were doctors, public health officials, and administrators, as well as party officials, were housed at Tiergartenstrasse 4 in a villa confiscated from a Jewish family in the fashionable area just west of Potsdamer Platz in central Berlin. This became known as the Operation T4, or simply T4. Brack was a zealot. He testified after the war that “we welcomed it [the killing program], because it was based on the ethical principle of sympathy and had humane considerations in its favor. . . . I admit that there were imperfections in its execution, but that does not change the decency of the original idea, as Bouhler and Brandt and I, myself understood it” (Friedlander, 1995, p. 69).

The T4 program enabled the killing of handicapped adults directly by doctors and nurses in state hospitals. Its legitimacy derived from an order (more like an authorization) that Hitler issued in October of 1939 and back-dated to the beginning of the war; perhaps because, as Friedlander suggests, the war represented the beginning of the actual purification of the German folk community through radical means. Since the end of the war, only two copies are known to exist. The order, as cited by Friedlander (1995, p. 67) is as follows:

Berlin, 1 Sept. 1939

Reich Leader Bouhler and Dr. med. Brandt are charged with the responsibility of enlarging the competence of certain physicians, designated by name, so that patients who, on the basis of human judgment, are considered incurable, can be granted a mercy death after discerning diagnosis.

(signed) A. Hitler

The system of T4 killings was simple. An institutionalized patient was moved to a T4 killing center (one of a dozen or so hospitals throughout the country, including former Austria). The family was then notified of the move, though prohibited from visiting. Somewhat later, the family was apprised that the

patient had died from tuberculosis, heart failure, encephalitis, etc.; that the body had been cremated; and that the ashes could be sent to the family upon request.

Killing patients by means of gas happened first at T4 hospitals. Many employees of the T4 program went on to work at concentration camps and death camps in 1942 and 1943. T4 was instrumental in bringing about the Final Solution. Between October 1939 and August 1941 doctors and nurses in German hospitals murdered some 70,000 adults and 5,000 children.

What ended with the industrial mass murder of millions of innocent human beings to remove them from the German folk community began by excluding innocent human beings from that community. The path to genocide is indeed twisted and difficult to trace, but the incessant logic of eugenics, and the dehumanizing arguments for euthanasia, are clearly significant signposts along the way to Auschwitz.

The illogic of killing a horse or the humane act of hiding a handicapped relative thus takes on—in the presence of our knowledge of T4, of Hitler's euthanasia authorization and its results, of the gruesome images of the death camps, of the white-coated Mengele—a weight disproportionate to the results. It shows that people can and do act against what is wrong. These acts give humanity hope, even among the ashes. As Stern says to Schindler: "Whoever saves one life saves all mankind."

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Notes

1. I have changed the place and family names for the purposes of this essay.
2. Walter Benjamin's "Angel of History" (1969, p. 257) might be more apt here, but the aura that adheres to an original place or object is what I felt at the KWI in Berlin.
3. See Goldhagen (1996). On Goldhagen's book and the ensuing controversy, see,

for example, Heil and Erb (1998); Mitscherlich, et al. (1997); Littell (1997); Becker, et al. (1997); Denham and Jackson (1997); and perhaps most succinctly, in Browning (1998). On the crimes of the Wehrmacht, see Heer and Naumann (1995), in English as *The German Army and Genocide: Crimes Against War Prisoners, Jews, and Other Civilians, 1939-1944* (1999); Manoschek (1996). The debate about the “Crimes of the Wehrmacht” exhibition currently continues; see Thiele (1997). A few of the photographs included in the exhibit are misidentified and the exhibition’s curators, Heer and the scholars at the Hamburger Institut für Sozialforschung, have withdrawn the exhibition pending review and revision. The scholarly work on the subject, both in the volumes mentioned above and in other works, continues to stand. For example, in Bartov (1991) or in Förster (1998). On the Bitburg affair and the *Historikerstreit* see, among many others: Broszat (1988); Piper (1987); Diner (1993); Marrus (1987); Maier (1988); Thomas (1990); and Knowlton and Cates (1993).

4. *Im ehemaligen Hauptgebäude des Fachbereichs Politikwissenschaft lieferte von 1927-1945 das Kaiser-Wilhelm-Institut für Anthropologie, menschliche Erblehre und Eugenik mit seinem Mitarbeiter Josef Mengele die pseudowissenschaftliche Legitimation für das Versuchsprogramm der Nazis.* Berliner AStA [Student Government], poster announcing a planned exhibition at the Freie Universität, Berlin, 1986. The exhibition about the Nazi legacies of the FU and of research institutions in Berlin seems not to have been staged as planned, though the history of the building and the KWI is readily available now; see Müller-Hill (1984). Mengele worked at the KWI for half a year in 1942 and 1943 (Müller-Hill, p. 108). See also Weindling (1985).

5. A Tobis release, the film was directed by Wolfgang Liebeneiner with the help of Eberhard Frowein, both of whom had successful, public, and productive careers in film in the decades after the war.

6. *Lebensunwertes Leben* is variously interpreted and translated. Most literally, perhaps, would be “a life unworthy of being lived, or “life unworthy of living,” though in practice an element of outside control accompanies the use of the term, as in “life (judged by the speaker as) unworthy of being (allowed to be) lived.” This concept is substantially different, however, from the more murderous notion of *Ballastexistenzen* [lives that are ballast] or *nutzlose Esser* [useless eaters] or *Parasitexistenzen* [parasite lives], terms used by Germans to variously describe the handicapped, prisoners of war, Jews, and so-called asocials, among others, seen through the lens of National Socialist ideology as excluded from the biologically-determined folk community.

7. See his analysis in *Propaganda and the German Cinema 1933-45* (1985, pp.121-131).

8. The survey that follows is based extensively on the pathbreaking book, *The Mismeasure of Man* (Gould, 1981) as well as on Friedlander’s contextualization of Gould in his key study *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (1995).

9. See Gould (1981) and, more recently, Lemann, *The Big Test: The Secret History of the American Meritocracy* (1999) and Gardner’s recent review of Lemann, “With Pencils Sharpened: Taking Testing to Task in America” (1999).

10. Herrnstein and Murray, *The Bell Curve: Intelligence and Class Structure in American Life* (1994). On the reception of *The Bell Curve*, see Fraser (1995).
11. See Günther ([1924] 1929).
12. This is the same Eugen Fischer of KWI fame.
13. On the popularization of racist science, see Weindling (1987) and Franz (1993). On “grammar” or terminology, note the extensive use of highly problematic words like “race,” “racial hygiene,” or “racial science” in this essay, words which are not acceptable terminology as those we are considering here use them. The subject demands sensitivity to language and to its power to objectify and delineate human beings. There is no substantive difference between the person referred to by the terms “special,” “handicapped,” “retarded,” “imbecile,” “degenerate,” or “*lebensunwertes Leben*”; the difference is in the aims of the speaker.
14. *Zweifelloos hängt die Schöpferkraft der nordischen Rasse und ihre Fruchtbarkeit an schöpferischen Männern auch damit zusammen, daß diese Rasse sich durch ihre ganze Geschichte in ihren Hauptvölkern in arteigenen Sprachen ausdrücken konnte. Man darf vielleicht weiter sagen: die starke dichterische Begabung der deutschen Stämme mag damit zusammenhängen, daß die deutsche Sprache innerhalb der germanischen Sprachen an Reinheit und Ausdrucksreichtum am wenigsten verloren hat.*
15. The bibliography on National Socialism and science in general is immense as well as on NS medicine, psychiatry, and genetics. A thorough bibliographical overview is found in Schmuhl (1993, pp. 711-723) and in Beck (1995); there is also a useful bibliography at the website of the Gedenkbuch Schloß Hartheim, Gerhart Marckhgott <http://www.radio-o.at/gast/gedenkbuch/index.htm>. Some key titles are as follows: “Das Ende der Humanität: Psychiatrie und Krankenmord in der NS-Zeit” (Blasius, 1990); *Racial Hygiene: Medicine under the Nazis* (Proctor, 1988); *Selektion in der Heilanstalt 1939-1945* (Schmidt, 1965); “*Lebenswert-Lebensunwert*”: *Die Euthanasie-Diskussion in Deutschland von der Rassenhygiene zur Bioethik*, Tagungsdokumentation, Die Betroffeneninitiative “Durchblick e. V.” and Die sächsische Gesellschaft für soziale Psychiatrie, eds. *Symptom 4* (Stuttgart, 1996); *Rasse, Blut und Gene: Geschichte der Eugenik und Rassenhygiene in Deutschland* (Weingart, 1992); for a pathbreaking early study see *Die Tötung Geisteskranker in Deutschland* (Platten-Hallermund, [1948] 1993).
16. Friedlander (1995) explains them exhaustively. See especially chapters 3, 4, and 5.

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