

4-4-2014

Nazi Euthanasia and Action T4: Effects on the Ethical Treatment of Individuals with Disabilities

Kristen Iannuzzi
Grand Valley State University

Follow this and additional works at: <https://scholarworks.gvsu.edu/honorsprojects>

ScholarWorks Citation

Iannuzzi, Kristen, "Nazi Euthanasia and Action T4: Effects on the Ethical Treatment of Individuals with Disabilities" (2014). *Honors Projects*. 297.
<https://scholarworks.gvsu.edu/honorsprojects/297>

This Open Access is brought to you for free and open access by the Undergraduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Honors Projects by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.

Nazi Euthanasia and Action T4:
Effects on the Ethical Treatment of Individuals with Disabilities

Kristen Iannuzzi
Grand Valley State University

HNR 499

In Fulfillment of the Frederik Meijer Honors College Senior Project

Mentored by: Professor Franciosi

April 4, 2014

**NAZI EUTHANASIA AND ACTION T4: EFFECTS ON THE ETHICAL TREATMENT
OF INDIVIDUALS WITH DISABILITIES**

TABLE OF CONTENTS

Introduction.....3

Part 1: Nazi Euthanasia and Action T4

 Background.....4

 Children’s Euthanasia.....7

 Adults: Action T4.....9

 Concentration Camps: Action 14f13..... 13

Part 2: The Ethical Shift.....14

Part 3: Ethics Today.....19

Conclusion.....24

Photo Appendix.....27

References.....34

The murders of individuals with physical and mental disabilities are some of the lesser-understood murders of the Holocaust. In much of the literature available on World War II and the Holocaust, there are lengthy sections dedicated to the concentration camps and Nazi experiments. However, few people are aware of the population that was first experimented on and murdered. The murders of the physically and mentally disabled paved a path for the murders of the later and more known murders of those seen as racially inferior. A better understanding of the murders committed against these individuals will allow us as a society to better protect them in the future. In addition, it will enable us as a society to have a better mental representation of the eleven million individuals killed during the Nazi regime.

Action T4 was a Nazi plan of complete murder of the mentally and physically disabled members of the population during World War II. With both romantic notions and financial reasoning, what began as a sterilization campaign of the mentally and physically handicapped continued into a children's euthanasia program, where 5,000 children met imminent death. This program was the door for the T4 program, where the death toll for adults with physical and mental disabilities was almost fifteen times greater than that of the children's program. Action T4 then branched off into programs that infiltrated the concentration camps and helped pave a path for mass murder. This senior project is aimed at explaining the murders of the children and adults with physical and mental disabilities. It will link their murders to the treatment of these populations today and the shift in ethics society has experienced. By understanding the past and analyzing the present, society can hope to avoid similar lapses in our protection of the disabled from occurring in the future.

Part 1: Nazi Euthanasia and Action T4

Background

Euthanasia was not a spur-of-the-moment decision by Hitler and his followers. There was no sudden idea to kill those who were seen as genetically inferior due to hereditary disorders. Ideas of sterilization and euthanasia preceded World War II. To look at the root of euthanasia and the eventual T4 program, it is first necessary to look at the state of Germany during and after World War I. Although many of the values and decisions of the Nazi regime seem farfetched and polarized, ideas of sterilization and euthanasia were rooted not only in Germany, but countries around the world before World War II.

In German psychiatric asylums, an estimated 71,787 patients died from a combination of hunger, disease, and neglect during World War I (Burleigh, 1997, p. 114). Calorie intakes at this time in asylums were drastically reduced due to the costliness of providing meat and nutrient-dense food to patients. Money in wartime Germany could not be subscribed to providing vital nutrition to asylum patients. After the war, economic cuts “affected everything from books, drugs and heating to light-bulbs and soap” (p.114). The chairman of the German Psychiatric Association, Karl Bonhoeffer, noted in 1920 that this misfortune and neglect in the asylums led to “a change in the concept of humanity” and that staff had been “watching...patients die of malnutrition in vast numbers, almost approving of this, in the knowledge that perhaps the healthy could be kept alive through these sacrifices” (Burleigh, 1994, p. 11).

In 1920, the same year that Bonhoeffer noted the changing mindset towards asylum patients, Karl Binding and Alfred Hoche published a tract entitled “Permission for the Destruction of Life Unworthy of Life”. Binding and Hoche made a case that death for the

mentally ill would be a release and freeing for society rather than murder. It made not only an ethical argument for euthanasia, but financial arguments related to World War I as well. Germany was a country penetrated by a post-war depression. People began looking for a solution to the economic crisis facing not only the asylums, but also the country as a whole.

Ideas of racial hygiene began as early as the end of the nineteenth century, but began to permeate the minds of many Germans in the midst of this depression. “Unfit” patients of institutions were being kept alive with “modern medicine and costly welfare programs [interfering] with natural selection—the concept Charles Darwin applied to the “survival of the fittest” in the animal and plant world” (United States Holocaust Memorial Museum, 2013). The earliest ideas of racial hygiene sought to make sure that those who should have died off through Social Darwinism (such as those suffering from disabilities) did not take over the population. The earliest notions of racial hygiene began with those who were disabled. In fact, Jewish individuals were classified as one of the superior races of the world according to racial hygiene founder, Alfred Ploetz (Proctor, 1990, p. 35).

When ideas of racial hygiene began to merge with socialist ideas, the Nazi party began to include staunch racial hygiene advocates. The ideas of wiping out those who were tainted by disability had scientific backing in their minds, while the anti-Semitism stemmed from a more romanticized gut-feeling. Eradicating the feebleminded, unfit populations would be a way to free up some of the German financial resources and eradicating the Jewish population fulfilled the more romanticized ideas of a superior Germany. When Hitler became Chancellor of the Third Reich on January 30th, 1933, the Nazi political campaign of racial hygiene was put on the map. By July 14th of this same year, a law instituting compulsory sterilization for those with hereditary, physical, or mental defects entitled “Law for the Prevention of Genetically Diseased

Offspring” was passed. Compulsory sterilization was the proposed answer to the financially and culturally taxing inferiority problem.

Compulsory sterilization did not begin in Germany, nor did it exist there first. Japan enacted Leprosy Prevention laws allowing sterilization and forced abortions as early as 1907. Laws were passed in the United States as early as 1907 in Indiana. Canada passed the Alberta Sexual Sterilization Act of 1927, performing sterilizations on nearly 3000 individuals. Germany’s sterilization laws came up to twenty years later than the laws of some other world powers. At a German Psychiatric Association meeting in 1925, a psychiatrist named Robert Gaupp summarized the successes of sterilization programs in the United States and other countries such as Switzerland in an effort to make a case for sterilization in Germany (Burleigh, 1994, p. 36). It is important to remember that Germany did not procreate the sterilization movement. Rather, the country followed suit. Hitler himself studied American racial practices and policies regarding eugenics and found the results to be impressive (McKale, 2002, 51). The difference between other countries and Germany was that Germany combined financial hardship (which other countries were also experiencing) and subjugation after World War I with a particular romanticism towards racial hygiene.

Between 300,000 and 400,000 people were sterilized under the Law for the Prevention of Genetically Diseased Offspring. In the first year alone, nearly 56,000 people were sterilized under the law (Glass, 1997, p. 42). Propaganda pervaded the minds of the citizens in Germany and convinced many that sterilization would protect them from the feeble-minded taking over and causing financial burden (See Photos 1 and 2). Among those sterilized were those with schizophrenia, epilepsy, hereditary blindness or deafness, those with severe hereditary physical deformities, those who suffered from alcoholism, and those who were congenitally

feble-minded. Castration was also used against homosexuals and sex offenders during this time. Many of those sterilized simply met a criteria determined by a bias intelligence test. Even when sterilization was abandoned for euthanasia, 75,000 people were sterilized while euthanasia was in place (Friedlander, 1997, p. 30). Several thousand people died due to botched sterilizations. These victims and fatalities marked just the beginning of Nazi racial hygiene attempts. Soon, sterilization was not enough for Hitler.

Children's Euthanasia

On February 20th, 1939, a baby named Gerhard Herbert Kretschmar, called "Baby Knauer", was born blind and missing one leg and a part of an arm (Burleigh, 1994, p. 93). The parents of Knauer petitioned for their son to be euthanized after their physician refused. There were many similar petitions but perhaps this one stuck out to Hitler because it was easiest to begin a campaign of mass murder with those "more 'natural' and at least less 'unnatural'—to begin with the very young" (Lifton, 1986, p.50). Hitler sent a physician by the name of Dr. Karl Brant to the family and instructed him to kill the child if the facts were accurate. Knauer was killed on July 25, 1939 (Browning, 2004, p. 185). Hitler then gave Brandt and a man named Philippe Bouhler permission to take the same course of action in similar situations.

A committee of men who called themselves "Reich Committee for the Scientific Registration of Severe Hereditary Ailments" was formed under Hitler's new instructions. By August of 1939, legislation required midwives and physicians to fill out forms documenting all cases of newborns with deformities, physicians also reporting all children below the age of three. By looking at these forms, three experts made the decision of life or death by marking the forms with either '+' signs or '-' signs. The experts never saw the children face-to-face. When each

man reviewed a form, the other men saw his vote because the committee did not have a copy machine (Friedlander, 1997, p. 46). Not only did these men lack physical contact with lives in their hands, but there was no anonymity in opinions either.

Wards were created for the children whom were reported under these forms. When parents were told that they should put their children in these wards, the financial information and costs were hidden from the parents in order to hide the actual purpose of placing children in these facilities. There were at least 22 killing wards created by the Reich Committee with the same intentions. The most well-known ward was the Gorden Ward, which also served as an example for other wards.

Children in these wards were killed in a variety of ways. Starvation was often an instrument of death, striking in similarity to both the neglect of World War I asylums and the malnutrition in later concentration camps. Another common method was medication. Many of physicians had different medication preferences and different administration routes. However, the most common were sedatives and sleeping medications that would only be lethal in large doses. These medications also did not result in immediate death. Rather, they led to gradual deterioration and caused illnesses like pneumonia. This enabled physicians to report deaths as natural (Friedlander, 1997, p. 54). This however required justification of large quantities of these medicines. Gaining access to such amounts of medication required perfect forgery and deception by the government and even police officials.

Some children were killed immediately on arrival to these wards and some were placed on observation until a negative report was issued. There were often parents who wanted their children placed in wards due to the heavy responsibility of caring for a mentally or physically

(sometimes both) disabled child. However, many families had to be convinced that their children belonged in wards. In many cases, the parents of these children were lied to and pressured. Often, the custodial rights of parents were threatened to coerce parents into cooperation (Friedlander, 1997, p. 59).

Though the eventual T4 adult euthanasia program was brought to a halt before the end of the war, this program of children's euthanasia was not terminated and continued even after the war ended. At the killing ward Kaufbeuren-Irsee, the last child victim died twenty-one days after the German surrender (See Photo 3) (Friedlander, 1997, p. 52). Most sources estimate that around five thousand children were murdered through means such as starvation, injection, and overdosing. Though the initial mandate in children's euthanasia required all of those with idiocy, mongolism, microcephaly, hydrocephaly, physical malformations, and paralysis under the age of three years old to be reported, the criteria came to include children well into their teen years and on the basis of simple childhood problems like learning disabilities, behavioral difficulties, and bedwetting (Thomas, Beres, & Shevell, 2006, p. 343).

Adults: Action T4

The children's euthanasia program and the adult T4 euthanasia program were overlapping ideas. Although the children's euthanasia program was created first, the adult euthanasia program soon followed, though much greater in scale and in goals. Because the program was larger in scale than the children's program, those whom Hitler put in charge created an organization called the Reich Work Group of Sanatoriums and Nursing Homes based out of building in Berlin with the address Tiergarten 4. From this address came the name "Action T4" for the adult euthanasia program.

Hitler initiated the beginnings of the T4 program in the summer of 1939 by meeting with officials from the Reich Chancellery and the Nazi Party Chancellery. Hitler appointed leaders of the program shortly after. The program required many more physicians and psychiatrists than the children's program had. Philipp Bouhler and Karl Brandt, who had been in charge of the children's euthanasia program, were given leadership roles in the T4 program as well. Bouhler had a hard time finding willing physicians and psychiatrists to partake in the program because killing a human outside of war or those convicted by court was against the law. Leaders of the program urged Hitler to enact a law allowing the killings, but Hitler refused. He did, however, write a letter authorizing the killings (See Photo 4).

In October of 1939, institutions, nursing homes, and even hospitals in Germany were sent questionnaires to fill out regarding their patients (See Photos 5 and 6). The questionnaires had to be filled out within a very short timeframe and some doctors had to fill out as many as fifteen hundred questionnaires in two weeks (Lifton, 1986, p 66). As in the case of the children's euthanasia program, the experts reviewing these questionnaires made life or death decisions by documenting red '+' signs for death or blue '-' signs indicating life (See Photo 7). However, the Reich Interior Ministry made copies of these forms so each decision was independent and anonymous. There were also many more experts reviewing these forms, but three saw each case. After reviewing the questionnaires, the experts sent the forms to senior experts who did conducted final reviews. This was meant to provide the junior experts with a sense of security in their decisions. Since there were only three senior experts, it is hard to fathom any of them having had the time to review any of the questionnaires with thought or consideration. One senior expert, Herman Pfannmuller, evaluated 2,058 patient cases in less than one month, averaging 121 decisions a day as to the life and death of patients (Friedlander, 1997, p. 80).

When the selection process was complete, the T4 Transport Office created transport lists for patients. There were six main killing centers used for the T4 program: Hartheim, Sonnenstein, Grafeneck, Bernburg, Bradenburg, and Hadamar. At first, the patients on the transport lists were brought directly to a killing center. However, the use of intermediate centers was soon introduced. These were used as a medical check for errors and a way to further hide patients from questioning families. The families of the selected euthanasia candidates were sent three letters. The first letter detailed that their family member was to be transferred because of the war. The next described a safe arrival of the family member and made visitations impossible for war-related reasons. A final letter was sent some weeks later notifying families that their loved ones had died. Every step of the Nazi T4 killing regime was systematic and manipulative. Death certificates were completely falsified. If any part of the killing regime actually required medical expertise, this was it (See Photo 8). The doctors who completed the falsification process were even given guides to help them properly falsify documents (Lifton, 1986, p. 74). There was also a specific office dealing just with patient death dates and assuring that no one facility had too many deaths registered at one time.

Given the transportation lists, institutions had to prepare the belongings of the chosen individuals and put a piece of tape with the patient's name between the shoulder blades of the patient in preparation for departure. The short film directed by Liz Crowe, entitled "Resistance" provides a visual of the transportation process. In one of the closing scenes, the nurse at this institution removes the tape from the back of one of her favorite patients in an act of resistance (Crow & Birks, 2009). When individuals were brought to places like Hadamar for gassing, they were taken to the institution in a bus housing 30-40 people (See Photo 9). Elvira Mathey, who was spared from imminent death outside the doors to the gas chambers, recalls the windows on

the bus being covered in blue paint so that no one could see out of them. Mathey scratched some of the blue paint off of the window to try and see what was ahead of her (Burleigh, Mack, & Lansley, 1991). Alex Osborne and Justin Edgar provide a similar scene in their short film entitled "Hunger House" (2008).

When patients arrived at a killing center, they were treated with deception until imminent death. At arrival, staff had patients undress and labeled each patient's clothing. The patients assumed this was to assure that their clothing would be given back after the entry process. Some were given military overcoats to cover up with (Burleigh, 1994, p. 149). Physicians examined the patients and double-checked identities. The patients were even weighed and photographed. While the physicians had little authority to relieve anyone other than war veterans, foreigners, or those with incomplete files, this examination period provided physicians with an opportunity to find landmarks for possible causes of death (Friedlander, 1997, pp. 94-95).

The gas chambers were designed to look like showers, complete with benches and showerheads (See Photo 10). Depending on the facility, up to sixty patients at a time entered the gas chambers. Most were unsuspecting, but some patients were given sedatives if they were suspicious. Once all of the patients were in the chamber, a physician turned on the gas. Patients were unconscious in about five minutes and dead in about ten (p. 97). The chambers were then allowed to ventilate for an hour, at which point staff identified which bodies would be cremated or buried in mass graves and which would be brought to autopsy rooms (See Photo 11). As in the death camps, gold teeth were removed from corpses for profit. The cremated ashes were discarded of carelessly, sometimes distributed into urns for family members. Bodies were cremated in groups and care was even taken so that an urn for a child did not contain too many

ashes (Burleigh, 1994, p. 149). Gerhard Bohne, a director of Action T4, recalled saying that “even if the German people forgive you for everything, they will never forgive you for this” in reference to the families of T4 victims receiving urns containing the ashes of multiple bodies (Lifton, 1986, p. 5).

Action T4 was ended in August of 1941 due to civilian and church skepticism and disapproval. However, during the short few years that the program was in effect, an estimated (although probably significantly higher) 80,000 individuals were murdered. Among those murdered were those with schizophrenia, epilepsy, senile diseases, paralysis, encephalitis, Huntington’s disease, feeble-mindedness, and those patients were not of German descent and those who were criminally insane (Friedlander, 1997, p. 110).

Concentration Camps: Action 14f13

The Nazi euthanasia programs did not cease with the large-scale murders of those with physical and mental disabilities. These murders simply paved the path for the expansion of euthanasia to include many other individuals as well. In 1941, T4 leader Philippe Bouhler gave Reich leader Heinrich Himmler, a key figure in the implementation of the Final Solution, access to T4 facilities and personnel. Himmler used these resources to create Action Special Treatment 14f13. Himmler was enabled, through the T4 program, to get rid of concentration camp prisoners who were seen as unneeded or as excess. T4 psychiatrists went to the camps and instituted questionnaires for who would be killed, just as in the T4 program and the children’s euthanasia program. Even though the standards for these two programs were very low, 14f13 required even less for a person to be killed. Race and names were written down along with criminal histories; sometimes, medical information was completely left off of these forms.

This extension of the T4 program's "emphasis shifted almost immediately from the mentally ill (if that emphasis ever actually existed) to political prisoners, Jews, Poles, draft evaders, or those deemed militarily unsuitable... until the mentally ill became hardly relevant" (Liton, 1986, p. 137). Robert J. Lifton (1986) believes that Action 14f13 indicated both an ideological and institutional bridge between Action T4 and the concentration camps. The project was an ideological bridge because it shifted the victims of murder from those seen as medically unfit to live to virtually anyone. It was an institutional bridge because the concept of euthanasia as executed by the doctors in the T4 program then lent itself to serve as a justifier for doctors in concentration camps to commit murder as well. An estimated 10,000 to 20,000 people were killed during Action 14f13 (Friedlander, 1997, p. 150). This number, though small, provided the Nazis with a yet another bridge to mass murder.

An accurate death toll of the Nazi euthanasia programs would be hard to establish given the wide scale forgery and deception on the part of those involved. Most of the files from these programs and even the propaganda films reinforcing these ideas to the general population were destroyed after or during the war. However, it is clear that Nazi Germany deliberately targeted their most vulnerable populations and sought to blame them for being a financial burden to Germany. Eradicating these individuals was seen as a financial success and a path to murdering many more people in order to fulfill the romanticized Nazi idea of racial hygiene.

Part 2: The Ethical Shift

This murderous time in the history of those with disabilities has left a substantial impact on ethics and the treatment of these individuals today. Knowledge of these crimes, as well as an understanding of how medical professionals during this time were able to commit these crimes,

will enable members of society to analyze the ways in which present day society both differs from and mirrors Nazi Germany in its treatment of those with disabilities. With the technological advances of the past half a century, ethical discussions of the past and the present will be an important part of assuring that similar tragedies do not occur again.

It is abundantly clear that Germany was an impoverished and defeated country after the First World War. Those in mental institutions experienced firsthand what healthcare was like in a postwar society. Bonhoeffer saw how this financially depleted country experienced a shifting mentality of towards those in mental institutions; perhaps the good of those more valuable members of society could be reassured by the suffering of those less valuable members who were residing in the institutions. The value of the most vulnerable members of society was questioned when the country of Germany itself became vulnerable after the war. Mentally disabled individuals were seen as statistical figures rather than individuals. Their worth was not in their beings, but in how much they could save the country from financial despair by ceasing to exist. After World War II, detailed reports were found summing up the savings accrued from the T4 program. The report projected not only that the program saved Germany about 88,543,980 Reichsmarks per year and freed up 93,21 hospital beds, but also how much margarine, coffee substitute, and sugar (along with various other commodities) was saved (Proctor, 1988, p. 184). If a country can tally the worth of an individual according to how much margarine can be purchased without their existence, this country has experienced an ethical metamorphosis unlike anything most of us can fathom. The details leading up to this transformation are crucial to understand if the prevention of a transformation such as this is the goal for the future.

The Hippocratic Oath has long been seen as a foundation for medical ethics. Many of the ethical critiques of Nazi Germany have accused medical professionals of breaking or ignoring

this oath in their actions during the war. This hypothesis has proven to be true; many of the Nazi doctors found significantly more meaning and reality in swearing an oath to Hitler than they did in this oath that they took at graduation (Lifton, 1986, p. 207). Sheldon Rubenfield (2010) sums this mentality up best, “Physicians in Nazi Germany betrayed the Hippocratic Oath, the ethical bedrock of the medical profession for more than 2,000 years, when they chose knowledge over wisdom, the state over the individual, a führer over God, and personal gain over professional ethics” (p. 5).

One of the most evident ways that Nazi medical professionals swayed from the Hippocratic Oath was in the prioritizing of the state over the individual. Even before Hitler came to power, doctors strongly represented the Nazi party. In fact, roughly three thousand or six percent of doctors were a part of the National Socialist Physicians’ League before Hitler became chancellor (Proctor, 1990, p. 36). The problem was not that the doctors exercised their right to a political affiliation; the problem was not that 45 percent of German physicians were part of the Nazi Party during World War II (Lifton, 1986, p. 34). The problem was that these doctors believed and were convinced that their medical careers were meant to play a central role in Hitler’s political agenda of racial hygiene and extermination. Many of these young doctors were ready to experience a surge in their careers that only such a medically oriented political agenda could offer. Their affiliation with Hitler’s campaign was enabling and empowering both medically and politically. Nazi Germany knotted medicine and politics together in a way that became completely toxic to society as a whole. Whereas the goal of politics is for groups of people to rally behind a common cause, medicine should not be this way. Medicine should be focused on the individual, not the group or the state. Every individual has different needs. There

should be no encompassing political agenda for medicine. This keeps doctors accountable to ethics, not a political leader.

Were all of these individuals selfish people who rallied behind a cause that could best offer them personal gains? It is hard to imagine that every individual who partook in Nazi activity was an evil, self-seeking individual. Simon Baron-Cohen (2011) has studied extensively on the neurological basis of empathy and how this relates to what we consider evil. He classifies people according to a spectrum ranging from zero degrees of empathy to six degrees of empathy. Those with no empathy, or zero degrees of empathy, are categorized into subtypes: borderline personality, psychopath, or narcissist (those with autism are additionally classified as having zero degrees of empathy, but they fall under a more positive subtype). We might temporarily find ourselves in moments where we lack empathy, but that does not mean we have zero degrees of empathy. For those who committed the travesties of World War II, we cannot automatically say that these are zero-empathy, or even evil, individuals. One hypothesis is that these individuals were conditioned to have no empathy towards the people they were helping to kill. These professionals were conditioned to feel nothing towards their killings. Perhaps the grandiose ideas of a superior Germany (in a time where Germany was so defeated) that Hitler preached enabled these individuals to dehumanize their victims to the point of feeling no empathy towards them. Along this same line, these individuals often committed their crimes in the name of science and medicine. Though the most medical part of the euthanasia process was falsifying medical documents, Hitler authorized only physicians to perform euthanasia. In most killing centers, a physician had to control the gas or supervise the gassings at the very least. These doctors had a special role in Hitler's racial hygiene campaign. It was almost as though doctors were the same as special operations soldiers in a war. They had a mission that only they, with their medical

credentials, could fulfill. The individual was completely thrown aside to make room for this special operation.

Stanley Milgram's (1974) obedience experiments are very insightful when reflecting on the role of medical professionals in the euthanasia programs. Most people are familiar with the general concept of Milgram's experiments: the participant in the experiment is told to administer a shock to the student every time that student answers a question incorrectly; the shock increases with each incorrect answer and the participant is told to continue shocking this individual for wrong answers, even when protests and audible screams are heard. The results of this experiment show that the majority of participants completely obey the experimenter, even to the point of shocking the student so strongly that the student is assumed to have passed out or died.

Milgram actually conducted eighteen variations of this experiment. Some of the variations are some of the most insightful as to the behavior of medical physicians during the euthanasia program. In one variation of the study, the subject of the experiment no longer is given the responsibility of pressing the lever to shock the individual, but still has to ask the questions leading up to the individual being shocked. Of the forty participants, only three refused to continue to the end of the 450-volt session (Milgram, 1974, p. 121). Individuals following a chain of command complied even more with authority than the already high number of individuals who complied when pushing the lever themselves. Perhaps the Nazi medical professionals and even the higher-ups viewed their role as trivial in the scale of the euthanasia programs. In another variation of the experiment, the individual whom the participant believed to be receiving shocks stated beforehand that he had a heart condition and when shocked complained of heart pain. Even with this condition, twenty-six of forty participants shocked the individual until the end of the 450-volt session (p. 56). Even when individuals realize the harm

they are committing against another human being, they still will usually follow authority. Perhaps this too was the case of many Nazi medical professionals. Interesting as well was the ways in which many participants justified their actions. One participant asserted that even if the student had died from being shocked, he was just doing his job in shocking the student. This sounds very much like an argument by many of the Nazi soldiers and doctors. Others justified their actions by explaining how individuals being shocked deserved it due to their own stupidity or stubbornness in getting the wrong answer. This seems quite similar to justifying the killing the disabled because they were intellectually inferior or unworthy of life.

From the Milgram experiments and the work on empathy that Simon Baron-Cohen, there could very well have been some psychological basis for the way Nazi doctors and other professionals acted during World War II. Perhaps much of the discussion in medicine today should be shifted from defining right and wrong (despite a tremendous gray area which will later be explained) to preventing the wrong from occurring. How do we prevent individuals from blindly obeying authority when another life is at stake? How do we prevent the dehumanizing of patients today and banality of evil today?

Part 3: Ethics Today

Although not a result of just the Nazi euthanasia programs, the Nuremburg trials were a first attempt at the world correcting the path medicine had gone down. Twenty-three physicians stood on trial for their role in Nazi euthanasia during the Nuremburg trials. Of the 23, sixteen were found guilty and seven of these sixteen were executed. This may have been a corrective measure for just a fraction of those who took part in the euthanasia project, but the later results of the trial impacted medical ethics and legislation today. The first step in this process was

establishing the Nuremberg Code. Though the Nuremberg Code was directed primarily towards research legality and ethics, it had a great impact on medicine and human rights ethics in general. The code includes ten points dealing with experimental research including points on voluntary and informed consent, the wellbeing of the participant, and the purpose of the experiment. Though the euthanasia programs and experimentation did not solely lead to the Nuremberg Trials or the Nuremberg code, these crimes did contribute to the need for ethical and legal guidelines in medicine and science.

After World War II, the United Nations formed the Universal Declaration of Human Rights. This was the first document of its kind, detailing the rights of all humans everywhere on earth. This movement towards human rights was directly impacted by the travesties of World War II and the Nuremberg Trials. This declaration inspired much more conversation and action regarding human rights. The Universal Declaration of Human Rights and the Nuremberg Code inspired the formation of both legislation and ethical codes assuring the rights of human beings. These pieces of legislation and code were designed to safeguard society against lapsing into the blind obedience and dehumanization that occurred during World War II, not just in Germany, but in countries all over the world.

World War II provided a means for putting ideas into action. Soldiers returned from war with amputations and post-traumatic stress disorder. A soldier who lost his legs during the war may have been the child who would have been euthanized if he were born that way in Germany during World War II. These people needed therapy, rehabilitation, and advocates. In England, this meant the passing of the 1944 Disabled Persons Employment Act. In the United States, President Truman passed Public Law 176, creating “Employ the Handicapped Week”. Although most of the progress regarding the disabled was focused on rehabilitating those with physical

disabilities and soldiers, the focus on restoration was refreshing. The treatment of those with mental disabilities did gradually improve after the war as well. President J. F. Kennedy created the President's Panel on Mental Retardation in 1961 and various organizations were formed to protect the rights of those with mental impairment. The reformation and closing of asylums and institutions, especially in America, took place in the second half of the twentieth century as well. It is unclear as to how much influence the Nazi euthanasia program had directly over reform in the area of disability, but there was a definite shift towards human rights activities after the war.

Occupational therapy is one of health professions that best tracks the ethical progress in the treatment of the disabled from during World War II until now. Although the ideology of providing individuals with occupational tasks to benefit their physical and mental health has around since the eighteenth century, occupational therapy found its roots in the early twentieth century and quickly developed during both World Wars. While the profession first focused on patients in asylums and then shifted to the care of soldiers, the practices converged in the mid and late twentieth century. An entire health profession is now dedicated to giving many individuals opportunities that Nazis saw these same individuals as unworthy of. The preamble of the Occupational Therapy Code of Ethics and Ethics Standards states that "Inherent in the practice of occupational therapy is the promotion of the individual and *dignity* of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability" (American Occupational Therapy Association, 2010, p. 1). Occupational therapy emphasizes the autonomy of the individual and compensating for deficits rather than dwelling on them. This profession truly embodies the ethical treatment of individuals with physical and mental disabilities today. No individual is too disabled to learn a skill with some degree of independence. No life is unworthy of life in occupational therapy.

Just seventy years have passed since the end of World War II. Baby Knauer would have been 75 years old this year. With the ever-advancing technologies, it is very possible that this person could have been walking among us with the aid of prosthetics and reading braille. Seventy years is not a long time. Society sees the tragedies of the Holocaust and World War II to be something far in the past, something primal. We do not imagine our current society to be capable of such heinous crimes, especially given the progress we have made since then in our treatment of human beings. Living in an age of constant technological advancement makes us feel as though we are centuries past the atrocities of the twentieth century. However, the same technological advancements that make us feel as though we have left the Holocaust behind are the same technologies that could be responsible for another lapse in ethics and morality. Although we may feel as though we are far too advanced a society to question the life or death of individuals with disabilities, our technology can once again raise this question in our minds without proper discussion and ethical debate.

Books and articles on bioethics bring up many of the same issues when discussing how the Holocaust has impacted modern ethics. Abortion is one of these issues that are consistently brought up. Abortion is currently legal in the United States under the provisions of *Roe v. Wade*. Although there will always be debate as to the morality and legality of abortion, the discussion does not end there. Today's technologies enable parents to find out, through prenatal testing, if their pregnancies will result in a child that has Down's syndrome, cystic fibrosis, spina bifida, or a list many other conditions. Many debate whether the law should allow parents to abort their children on the basis of a disability. A philosopher named Peter Singer (1995) claims that the central claim by pro-life individuals is as follows: "It is wrong to kill an innocent human being. A human foetus is an innocent human being. Therefore, it is wrong to kill a human foetus" (p. 2).

He goes on to argue that if pro-choice individuals want to debate in favor of abortion, they are better off arguing the first point rather than the second. Singer believes that the unborn fetus is alive, but is not necessarily entitled to life. There are other individuals who argue Singer's point and also argue that parents should abort a fetus with a genetic disorder. They argue that parents who know their child will be born with a disability are subjecting their child to unwanted and undeserved suffering. Similar ethical conflict arises when discussing gene replacement therapy. Is it ethical to replace a mutated gene with a healthy version?

There are many current ethical debates in the area of geriatrics including the issue of assisted suicide, which some states in America are now allowing. Very few people would argue for the compulsory killing of the elderly or sick in today's society, but can we allow those individuals to decide to end their own lives as they see fit? This issue is directly related to the Hippocratic Oath that so many find valuable in medical ethics. The Hippocratic Oath states that those in medicine should do no harm to their patients. Is it more harmful to assist a patient in terminating a life or to force a patient to continue to live a life of sickness and suffering? There is no clear answer on many of these issues.

The point in analyzing the ethics behind current medical debates is not to draw hundreds of parallels to the Holocaust or the Nazis. The point of debating topics like subjective abortion and assisted suicide is to prevent unethical practices from becoming such an influential part of society once again. We must not ask ourselves necessarily if our society is becoming a place like Nazi Germany. We, however, must realize that the Nazi regime of murder and prejudice began with an idea, an idea imagined worldwide. The recognition that an idea can turn into something so poisonous is crucial. We must ask ourselves what our goals and ideas behind gene replacement therapy or subjective abortion are. Are we trying to create a society without

disability once more through gene replacement therapy? Are we encouraging assisted suicide in order to limit the amount of disabled we have to care for? Only through asking these questions can we assure that we will not return to romanticized and toxic ideas.

Conclusion

Over 105,000 people attended the National Hockey League Winter Classic at Michigan Stadium in Ann Arbor this past New Year's Day. If you duplicate this attendance count about three and a half times, you will reach the approximate number of people killed under Nazi euthanasia. In a time of financial hardship, ideas of a racial cleansing were becoming more prominent in the minds of a society looking for a cause. When the romanticized ideas of eugenicists combined with the political tenacity of Adolf Hitler, a certain financial relief and cultural cleansing was born. Disability became an easy scapegoat for deciding who was worthy of life and death, especially when each life lived in an institution was a financial burden on the government. More than 300,000 people were deemed unworthy to exist. Children with cerebral palsy, mental retardation, physical handicaps, and even harmless learning disabilities were starved to death or lethally injected. Adults with Down's syndrome, hereditary blindness, schizophrenia, and alcoholism were gassed in chambers and burned in mass graves. Some of society's most vulnerable members were thrown aside for the sake of financial relief and experimentation. These deaths helped to pave a path for the death of over ten million other human beings.

Our society allowed this regime of murder to take place. Nazi Germany was not only allowed to treat human beings as disposables and ignore the Hippocratic Oath, but they were even encouraged to do so by the racial hygiene and sterilization movements in other countries.

An idea that began in the minds of a few scientists turned into a political agenda of murder. This led to society's trusted physicians and medical personnel operating under ideas of dehumanization, personal gain, blind obedience, and political motive. How then does the society that has failed to protect its vulnerable in the past protect them in the future?

Ethical codes like the Hippocratic Oath have long governed the ethical treatment of human beings. Society can create ethical codes and legislation to protect people, but can it assure that these are followed? But were there not laws against murder and ethical codes in place when the Nazi regime experimented on twins, murdered children in front of their mothers, and sterilized people with epilepsy? We have conducted the Nuremberg Trials, formed declarations of human rights, and apologized profusely for our roles in this primal piece of history, but we have not yet proven that we can prevent similar lapses in ethics and morality. It is our goal as a society to maintain that ethics and empathy prosper over dehumanization and blind obedience. We cannot allow the unethical treatment of human beings, especially in our health professions. Ethical advances, such as those in occupational therapy, have made a statement that people with disabilities are not unworthy of life, but can become autonomous, enriched human beings with the support of our own society. We must continue to call into question the ethical implications of subjective abortion, gene replacement therapy, assisted suicide, and countless other medical situations that have resulted from our technological advances. We must assure that we protect our vulnerable members of society in our medical practices. We do not compare our current ethical dilemmas to Nazi actions in order to accuse anyone of being a neo-Nazi or a mass murderer. However, we realize that an idea can permeate the minds of a society and create unfathomable and unimagined results. We are still a flawed society and we must accept that

blind obedience and dehumanization can still take place if we are not constantly acting as skeptics and ethical debaters.

Going forward we must stand up for our disabled population, both young and old. We must continue to advance our technologies but keep our ideas and innovations in check. Society must not be allowed to place scientific gains and the state over the wellbeing and potential of the individual. We will continue to use tools like occupational therapy to assure that people with disabilities are being treated empathetically, ethically, and equally. If careful consideration and ethical debate is always used in our society, we can best protect our most vulnerable members and assure that the ideas behind Nazi euthanasia programs are far behind us.

Appendix

Photo



Description

Photo 1:

“This poster shows what happens if parents of good racial stock have two children, but those of poor racial stock have four. They begin in equal numbers, but after 120 years the weaker are the overwhelming majority”

(United States Holocaust Memorial Museum)



Photo 2:

This poster asserts that someone with a genetic illness costs the state on average 50,000 Marks by the time he reaches 60 years of age, which must be paid for by healthy citizens.



Photo 3:
 “Close-up of Richard Jenne, the last child killed by the head nurse at the Kaufbeuren-Irsee euthanasia facility.”

(United States Holocaust Memorial Museum)

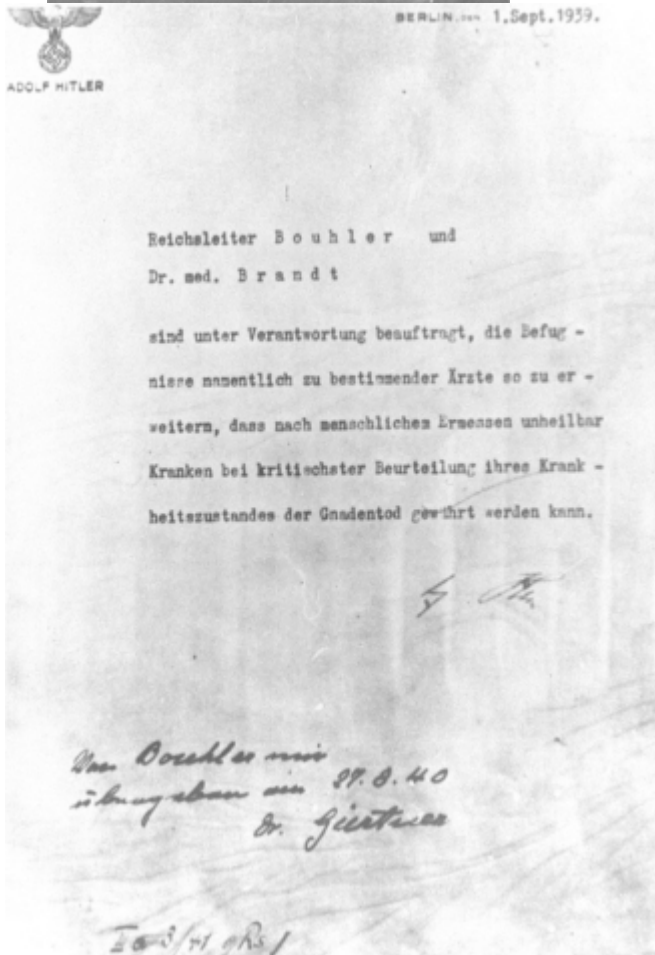


Photo 4:
 "Reichsleiter [Philipp] Bouhler and Dr. med. [Karl] Brandt are charged with responsibility to broaden the authority of certain doctors to the extent that [persons] suffering from illnesses judged to be incurable may, after a humane, most careful assessment of their condition, be granted a mercy death. [signed] Adolf Hitler."

(United States Holocaust Memorial Museum)

Questionnaire 1

Case no.

Name of Institution:

in:

First and family name of patient: maiden name:

Date of birth:..... City: District:

Last residence:..... District:

Unmarr., marr., wid., div.: Relig.: Race^a Natlity:

Address of nearest relative:

.....

Regular visits and by whom (address):

.....

Guardian or Care-Giver (name, address):

.....

Cost-bearer:.... How long in this inst.:

In other Institutions, when and how long:

How long sick:.. From where and when transferred:

Twin ^{yes}/_{no} ... Mentally ill blood relatives:

Diagnosis:

.....

Primary symptoms:

.....

Mainly bedridden? ^{yes}/_{no} ... Very restless? ^{yes}/_{no} ... Confined? ^{yes}/_{no}

Incurable phys. illness: ^{yes}/_{no} ... War casualty: ^{yes}/_{no}

For schizophrenia: Recent case Final stage .. good remission ...

For retardation: Debility: Imbecile: Idiot:

For epilepsy: Psych. changes Average freq. of attacks

For senile disorders: Very confused Soils self

Therapy (Insulin, Cardiazol, Malaria, Salvarsan, etc.): Lasting effect: ^{yes}/_{no}

Referred on the basis of §51, §42b Crim. Code, etc. By

Crime: ... Earlier criminal acts:

Type of Occupation: (Most exact description of work and productivity, e.g. Fieldwork, does not do much.—Locksmith's shop, good skilled worker.—No vague answers, such as housework, rather precise: cleaning room, etc. Always indicate also, whether constantly, frequently or only occasionally occupied)

.....

.....

Release expected soon:.....

^aGerman or related blood (German-blooded), Jew, Jewish *Mischling* [half-breed] 1st or 2nd degree, Negro (*Mischling*), Gypsy (*Mischling*), etc.

Photo 5:
Translated version of the
T4 questionnaire
(Lifton, 1986, p. 68)

Remarks:
Do not mark in this space.

[Empty rectangular box for marking]

..... Place, Date

.....

(Signature of medical director or his representative)

INSTRUCTION SHEET

To be followed in filling out the questionnaires

All patients are to be reported who

1. suffer from the diseases enumerated below and who within the institution can be occupied not at all or only at the most mechanical work (picking, etc.):
Schizophrenia,
Epilepsy (indicate if exogenous, war-related or other causes),
Senile disorders,
Therapy-resistant paralysis and other Lues [syphilitic] diseases,
Retardation from whatever cause,
Encephalitis,
Huntington's chorea and other terminal neurological conditions;
or

2. have been continuously in institutions for at least 5 years;
or

3. are in custody as criminally insane;
or

4. do not possess German citizenship or are not of German or related blood, giving/designating race^b and nationality.

The questionnaires, to be filled out individually for each patient, are to be given serial numbers.

The questionnaires are to be filled out by typewriter whenever possible.

Due on

In the case of patients sent to this institution from outside the evacuation area, a (V) is to be placed behind the name.

In case the number of Questionnaire 1 forms sent are not sufficient, please order the number needed through my office.

^bGerman or related blood (German-blooded), Jew, Jewish *Mischling* 1st or 2nd class, Negro, Negro *Mischling*, Gypsy, Gypsy *Mischling*, etc.

SOURCE: Questionnaire translated from Judgment in Hadamar Trial, Frankfurt/M., February-March 1947 (4 KLS 7/47), Landgericht Frankfurt. Instruction sheet from Heyde Trial Documents, pp. 210-11. Questionnaire and instruction sheet translated by Amy Hackett.

Photo 6:
(continued)
(Lifton, 1986, p. 69)

Meldebogen 1 Z 67652 ist mit Schreibmaschine auszufüllen!

Ordn. Nr. **4005**

Name der Anstalt: **Direktion der Heil- und Pflegeanstalt der Stadt Wien „Am Steinhof“ Wien 109, 14. Baumgartner Höhe 1**

in: **Erlebigt ist**

Vor- und Name des Patienten: **Klara Sara** geboren: am **8. 8. 1911**

Geburtsdatum: **19. 2. 1909** Ort: **Wien** Kreis: **Beurkundet in**

Letzter Wohnort: **Wien 20., Kluckygasse 5 I/15** Kreis: am **7. 10. 1939**

ledig, verh., verw. od. gesch.: **led** Konf.: **mos** Rasse: **Jüdin** Staatsang.: **DR**

Anschrift d. nächsten Angeh.: **Mutter Ida [redacted] Wien 2., Herminengasse 17/5**

Regelmäßig Besuch und von wem (Anschrift): **r. von Mutter**

Beruf und Pfleger (Name, Anschrift): **Kurator**

Kostenträger: Seit wann in dertiger Anst.: **6. 5. 1939**

In anderen Anstalten gewesen, wo und wie lange: **vorher Steinhof 1934, 1937, 1938**

Seit wann krank: **1931 ?** Woher und wann eingeliefert: **Klinik**

Stellung in der Anst.: **Geistesranke Blutsverwandte: unbekannt**

Diagnose: **Schizophrenie**

Hauptsymptome: **Persönlichkeitserfall, versandet,**

Berührend bettlägerig? **nein** sehr unruhig? **nein** in festem Haus? **nein**

Körperl. ansehb. Leiden: **nein** Kriegsverfärb.: **nein**

Bei Schizophrenie: **Frühfall** Endzustand: **ja** gut remittierend? **nein**

Bei Schwachsinn: **debil.** Intelligenz: **Idiot.**

Bei Epilepsie: **psych. verändert** durchschnittliche Häufigkeit der Anfälle: **unbekannt**

Bei sonstigen Erkrankungen: **häufiger verwirrt** unfauler? **nein**

Therapie (Insulin, Cardiazol, Malaria, Salvarsan usw.): Dauerterfolg: **nein**

Eingewiesen auf Grund § 51, § 42b StrGB. usw. durch: **nein**

Verstirbt: **früher Straftaten:**

Art der Beschäftigung: (Gesamte Beschreibung der Arbeit und der Arbeitsleistung, d. V. Teilbarkeit, leidet nicht viel. — Schlichterer, guter Facharbeiter. — Reine unbestimmte Angaben, wie Hausarbeit, Isolation einseitige Stimmreizung usw. Nach immer angeben, ob dauernd, häufig oder nur zeitweise beschäftigt.) **unbrauchbar**

Ist mit Entlassung demnächst zu rechnen: **nein**

Bemerkungen: **Zieler kann id. freigeslassen.**

+1, +1 +1, +1, +1

Ort, Datum: **Wien, 7. 10. 1939**

Durch eine Kommission von Prof. Dr. F. [redacted] (Präsident) und Prof. Dr. [redacted] (Vizepräsident)

Dr. [redacted] (Sekretär)

1) Deutschen oder österreichischen Vaters (deutschböhm.) Jude, Roma (Zigeuner) **am 7. 10. 1939**

Photo 7:
T4 form reviewed by expert and marked for death with a red '+'.
Photo 7: T4 form reviewed by expert and marked for death with a red '+'. (United States Holocaust Memorial Museum)

(United States Holocaust Memorial Museum)

Nr.	Abt.	Name	Diagnose	Alter	Eintritt	Abgang	Ursache	Ursache	Ursache	Ursache
1914	19	Schwarz	Alkohol	41	15. 3. 37	15. 3. 37				
1915	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1916	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1917	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1918	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1919	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1920	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1921	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1922	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1923	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1924	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1925	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1926	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1927	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1928	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1929	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1930	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1931	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1932	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1933	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1934	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1935	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1936	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1937	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1938	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1939	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1940	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1941	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1942	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1943	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1944	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1945	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1946	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1947	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1948	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1949	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1950	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1951	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1952	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1953	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1954	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1955	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1956	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1957	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1958	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1959	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1960	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1961	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1962	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1963	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1964	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1965	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1966	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1967	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1968	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1969	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1970	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1971	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1972	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1973	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1974	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1975	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1976	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1977	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1978	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1979	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1980	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1981	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1982	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1983	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1984	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1985	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1986	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1987	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1988	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1989	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1990	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1991	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1992	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1993	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1994	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1995	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1996	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1997	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1998	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
1999	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				
2000	19	Schwarz	Alkohol	40	15. 3. 37	15. 3. 37				

Photo 8:
“A page of the Hadamar Institute’s death register in which the causes of death were faked to conceal the euthanasia killings that took place there.”
Photo 8: A page of the Hadamar Institute’s death register in which the causes of death were faked to conceal the euthanasia killings that took place there.” (United States Holocaust Memorial Museum)

(United States Holocaust Memorial Museum)

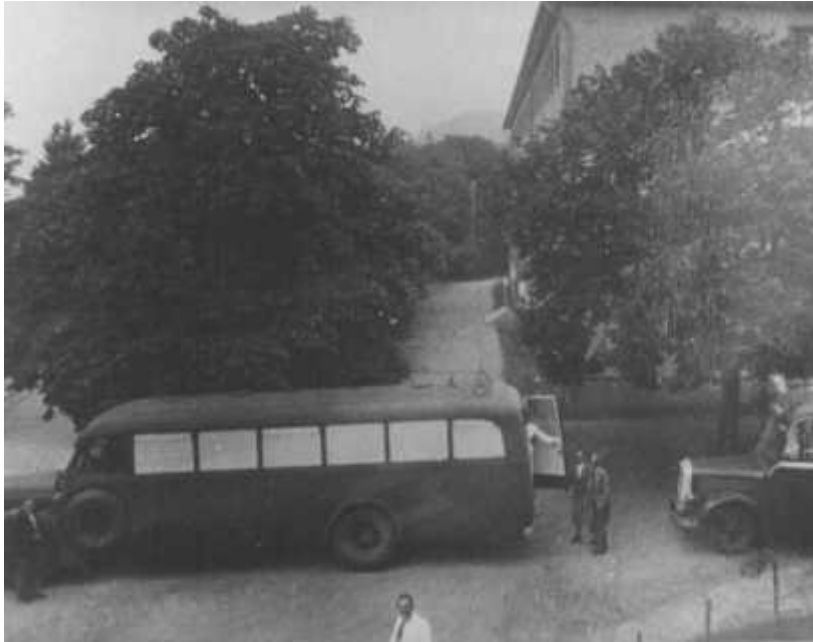


Photo 9:
“Buses used to transport patients to Hadamar euthanasia center. The windows were painted to prevent people from seeing those inside. “

(United States Holocaust Memorial Museum)



Photo 10:
“Gas chamber in Hadamar, 1990”

(University of Minnesota Center for Holocaust and Genocide Studies)



Photo 11:
“View of the cemetery at
the Hadamar Institute,
where victims of the Nazi
euthanasia program were
buried in mass graves”

(United States Holocaust
Memorial Museum)

References

- Aly, G., Chroust P., & Pross, C. (1994). *Cleansing the fatherland: Nazi medicine and racial hygiene*. Baltimore, MD: The Johns Hopkins University Press
- Baron-Cohen, S. (2011). *The science of evil: On empathy and the origins of cruelty*. New York, NY: Basic Books.
- Birks, L. (Producer), & Crow, L. (Director). (2008). *Resistance* [Motion picture]. United States: Roaring Girl Productions. Retrieved from: <http://www.roaring-girl.com/work/resistance/>
- Browning, C. R. (2004). *The origins of the final solution: The evolution of Nazi Jewish policy, September 1939-March 1942*. Jerusalem: Yad Vashem.
- Burleigh, M. (1994). *Death and deliverance. 'Euthanasia' in Germany 1900-1945*. New York, NY: Cambridge University Press
- Burleigh, M. (1997). *Ethics and extermination: Reflections on Nazi genocide*. New York, NY: Cambridge University Press
- Burleigh, M. (Writer). Mack, J. (Director), & Lansley, S. (Producer). (1991). *Selling murder: The killing films of the third reich* [Documentary]. London: Domino Films.
- Frieden, L., Petty, R., Brennan, J., Monroe, B., & Wilkinson, W., (2007). Lecture on Disability and Genocide- Where Are We Today? Dr. Michael E. DeBakey Medical Ethics Lecture Series, Holocaust Museum Huston, Huston TX. Retrieved from: http://www.hmh.org/ev_medethics.shtml

- Friedlander, H. (1997). *Origins of Nazi genocide: From euthanasia to the final solution*. Chapel Hill, NC: University of North Carolina Press
- Glass, J. M. (1997). *"Life unworthy of life": Racial phobia and mass murder in Hitler's Germany*. New York, NY: BasicBooks.
- McKale, D. M. (2002). *Hitler's shadow war: The holocaust and World War II*. New York, NY: Cooper Square Press.
- Milgram, S. (1974). *Obedience to authority: An experimental view*. New York, NY: Harper Perennial Modern Classics.
- Lifton, R. J. (1986). *The Nazi doctors: Medical killing and the psychology of genocide*. New York, NY: BasicBooks
- Proctor, R. N. (1988). *Racial Hygiene: Medicine under the Nazis*. Cambridge, MA: Harvard University Press
- Proctor, R. N. (1990). "Racial hygiene: The collaboration of medicine and Nazism". In Michalczyk, J. J. (1994). *Medicine, ethics, and the Third Reich: Historical and contemporary issues*. Kansas City, MO: Sheed & Ward.
- Rubinfeld, S. (2010). "Introduction". In Rubinfeld, S. (2010). *Medicine after the holocaust: From the master race to the human genome project*. New York, NY: Palgrave Macmillan.
- Singer, P. (1995). In T. Honderich (Ed.) *The Oxford companion to philosophy*. (pp. 2-3). Oxford: Oxford University Press

Thomas, F. P., Beres, A., & Shevell, M. I. (2006). ““A cold wind coming””: Heinrich Gross and child euthanasia in Vienna”. *Journal of Child Neurology*, 21 (4).

United States Holocaust Memorial Museum (2013). “Science as salvation: Weimar eugenics, 1919-1933”. Holocaust Encyclopedia. Retrieved from: <http://www.ushmm.org/wlc/en/article.php?ModuleId=10005143>.

Usborne, A. (Producer). & Edgar, J. (Director). (2008) “Hunger house” [Motion picture]. United Kingdom: 104 Films. Retrieved from: <https://www.youtube.com/watch?v=P6BU2Sp4mhA>