

Giving a Face to Faceless Victims: Profiles of Disabled Victims of the Nazi 'Euthanasia' Program

[MUSIC PLAYING]

KAREN WEATHERMAN: It is such a pleasure to have such a nice full audience tonight for our presentation. I'm Karen Weatherman. I'm one of the co-chairs of the Common Reading Committee. We're part of the University College. And on behalf of all of my colleagues, I want to thank you for coming to tonight's lecture.

I want to say just a few words about the connection between this lecture tonight and our book this year, since many of you, I know, are in classes where you've been sent because you're using the Common Reading book in some way. Well, our book this year concerns the development and use of HeLa cells, which, you could say, well, hmm. So what's the connection there?

The book, as you know, also raises many issues, and several of them kind of thorny issues, about medical research ethics generally. And certainly, the Nuremberg trials at the conclusion of World War II is one of the key historical moments that shaped our contemporary sense of medical ethics. So in that sort of general way, there is some connection between what our book does and the topic that Dr. Heberer will talk about tonight.

But even more to the point, Dr. Heberer's current research on the T4 program, which he'll be talking about tonight, touches on the section of the book that I, and I think probably many readers, found in some ways most chilling and most disturbing, which was the uncovering of at least part of what likely happened to Henrietta's eldest daughter Elsie when she was institutionalized at Crownsville State Hospital for the Negro insane. What little is known about Elsie's story-- and Elsie, of course, was a disabled black child from a poor family-- is a reminder that gross mistreatment and horrific-- gross mistreatment of and horrific experimentation on vulnerable populations is part of US history as well.

Likewise, the three Jewish doctors at Brooklyn's Jewish Chronic Disease Hospital who, in 1963, refused to inject patients with HeLa cells without their consent. Or examples of US doctors who made an ethical decision influenced by Nuremberg to follow their conscience rather than the orders of their hospital's director. So our book does, in some even direct ways, occur in the shadow of the Holocaust and its implications.

Dr. Patricia Heberer has served as a historian for the Centre for Advanced Holocaust Studies at the United States Holocaust Memorial Museum in Washington, DC since 1994. So she started only one year after the museum opened, and has been with it pretty much through its entire lifetime in the landscape of American-- its occurrence here on the American landscape in terms of the museums on the Mall. There she functions as a museum specialist on medical crimes and eugenics policies in Nazi Germany.

In addition to contributions to several publications of the Holocaust Museum, she authored a source edition in 2012 titled *Children During the Holocaust*, which is a volume in the Centre's series, documenting life and destruction. A further publication, *Atrocities on Trial: The Politics of Persecuting War Crimes and Historical Perspective*, co-edited with Jürgen Matt-

PATRICIA HEBERER: Matthaus.

KAREN WEATHERMAN: Matthaus, thank you-- appeared in 2008 from the University of Nebraska Press. Please help me welcome Dr. Heberer.

[APPLAUSE]

PATRICIA HEBERER: First I also want to explain that because a lot of the following data that I'm presenting this evening came from restricted patient files, which are private use files, I've had to anonymize the names of many of the patients I'm going to be talking about this evening to protect their privacy.

Ida and Sophie [? Bentz ?] were sisters, born to a local Lutheran pastor and his wife in the village of Hasloch, Bavaria. Sophie, born in 1861, and Ida, just 18 months later, had a normal upbringing as minister's daughters, and remaining unmarried, moved to the Swabian city of Augsburg, where they shared an apartment.

Their brother, also a clergyman, saw to their needs through their mutual inheritance. And as the sisters advanced in years, he arranged for them to be lodged together in the city's [GERMAN], a retirement home run by the Lutheran church.

On the evening of the 25th of February, 1944, Allied bombers launched a first massive bombing raid on the city of Augsburg. British bombers landing after their sorties reported that the air attack had almost completely destroyed the city center, and in its aftermath, German news media reported the destruction of several residential neighborhoods.

During the night, the [GERMAN] residence was heavily damaged in the bombardment and in the fires which raged in its wake. Among the frightened and disoriented inhabitants evacuated that evening were Ida and Sophie [? Bentz. ?] As their brother himself now lived in a nursing home and couldn't take them in, local Red Cross officials placed the two sisters on a transport of elderly individuals bound for the sanatorium, the mental health facility in Kaufbeuren, just 30 kilometers to the south.

Ida and Sophie arrived at the mental health facility on the 27th of February where Kaufbeuren personnel recorded that their committal was, quote-- and this is what they wrote in the diagnosis line for the sisters-- "due to a bombing raid on the city of Augsburg." The sisters were later diagnosed with senile dementia. Nurses noted that their illness dated from the 25th of February, the night of the bombing.

Ida, the younger of the two sisters, seemed particularly confused and frightened upon arrival. And her sister Sophie, who was more composed, decided to stay so that she could tend to her. In subsequent days, caretakers observed that Ida still exhibited marked disorientation, and in her terror, continued to soil her bed. Five months later, Ida was dead.

Sophie, alone and unclaimed by family members, remained at the facility for another year. On the fifth of April, 1945, she died, perhaps as a result of systematic starvation just two weeks before American troops arrived in the region. Both Ida and Sophie [? Bentz ?] number among the hundreds of victims murdered at the Kaufbeuren facility as a result of the Nazis' so-called euthanasia program.

A measure which aimed to restore the racial integrity of the German nation, this so-called euthanasia program-- and incidentally, tonight, I want you to see quotations around this word euthanasia, because this is not classical euthanasia in terms of doctor-assisted suicide that you might have in maybe ethics debates around the country. This is rather a program of mass murder, as we'll see very quickly.

This euthanasia program sought to eliminate what Nazi authorities described as "life unworthy of life." Individuals who, because of severe psychiatric, intellectual, or physical disabilities might be regarded as human ballast, whose institutional care imposed a burden upon German society. The effort was the Nazi regime's first campaign of mass murder, preceding the final solution or the genocide of European Jewry by approximately two years.

In the spring and summer months of 1939, just shortly before World War II began in Europe, a number of plans led by Phillip Bouhler, this gentleman, the director of Hitler's private chancellery, the so-called Fuhrer Chancellery, and Karl Brandt, who was Hitler's attending physician-- he would later figure as the chief defendant at the Nuremberg medical trial-- began to organize a secret killing operation targeting disabled children.

On the 18th of August, 1939, the Reich Interior Ministry circulated a decree compelling all physicians and midwives to report newborn children, newborn infants, and children under the age of three who showed signs of severe mental or physical disability. At first, only infants and toddlers were incorporated in the effort, but as the scope of the measure widened, juveniles up to the age of 17 were included in the measure. Conservative estimates suggest that at least 5,000 to 7,000-- and I must reiterate here, these are German children, non-Jewish German children, physically and mentally disabled children-- were murdered at 30 to 35 specially designated children's killing boards through starvation or lethal overdoses of medication before the Third Reich came to a halt in May of 1945.

By 1940, an adult killing operation paralleled the murder of disabled German infants and children. Code named Operation T4, the effort took its name from the street address of its central office seen here in Berlin's Tiergartenstrasse. The address of the office was Tiergartenstrasse 4. Thus, the code name T4.

Utilizing a practice developed for the child euthanasia program, T4 planners began, in the autumn of 1939, to distribute carefully formulated questionnaires to all public health officials, public and private hospitals, mental institutions, and nursing homes for the chronically ill and aged. The limited space on these forms-- and here you see one of them-- as well as the wording on these forms and the instructions that came with the accompanying cover letter combined to convey the impression that the survey was intended to gather statistical data.

The form's sinister purpose was suggested only by the emphasis which the questioner placed upon the patient's or person's capacity to work, and by the categories of patients, which health authorities were required to identify to public health officials. Those suffering from severe psychiatric or physical disorders, those not of German or related blood-- usually here that means Jewish patients-- those committed to a mental health facility on criminal grounds-- they'd committed crimes under diminished capacity or they were criminally insane-- and those who had been confined to the institution in question for more than five years.

These registration forms were reviewed by teams of specially appointed medical experts, many of them of significant reputation, who were recruited for this secret campaign. It was a secret, clandestine killing campaign on German soil.

And beginning in January 1940, those persons whom these physicians and psychiatrists had selected for inclusion in the euthanasia program were transported to one of eventually six killing centers throughout Germany and Austria. To Brandenburg on the Havel, about an hour away from Berlin, to Grafeneck in the Swabian Alb in southwestern Germany, Bernburg and Sonnenstein in industrial Saxony to the east, Hartheim near Linz on the Danube in what is now Austria-- in those days, Austria was next to the German Reich as part of the Nazi Third Reich-- and finally, Hadamar, the most famous of these institutions in Hessen, not very far from modern-day Frankfurt.

Within hours of their arrival at these-- whoops-- within hours of their arrival at these facilities, patients were gassed with carbon monoxide gas and their bodies were incinerated in specially designed crematory ovens. And you'll notice here that just like the gas chambers, which later murdered Jews during the Final Solution, these gas chambers at the Hadamar facility and other euthanasia facilities were camouflaged shower installations. And that was one of the camouflage techniques that was borrowed from this initial killing program, the euthanasia program, by the planners of the Final Solution.

According to T4's own internal statistics, 70,273 mentally and physically disabled persons perished at the six gassing installations between January 1940 and August 1941. Because this program was a secret one, elaborate efforts were made to conceal its deadly designs. Although in every case, official records were falsified to indicate that their victims had died of natural causes, this euthanasia program quickly became an open secret.

Fearing public unrest at a critical point in the war effort-- Germany had just invaded the Soviet Union-- Adolf Hitler himself gave orders to halt the T4 operation on August 24, 1941. For

roughly one year, the adult euthanasia program lingered in a kind of stasis as the planners tried to knock out the kinks and make the program a more covert one. Incidentally, the child euthanasia program continued as before.

In the meantime, over 100 T4 functionaries were recruited by the planners of the Final Solution to service German personnel in the so-called Operation Reinhard camps of Belzec, Sobibor, and Treblinka. These killing centers-- some people called them, including the Nazis called them extermination camps-- claimed the lives of 1.5 million Jews during the Holocaust until those camps' liquidation in the autumn months of 1943. And here at these very deadly camps, the euthanasia functionaries functioned as the core German staff of those particular camps.

Meanwhile, in the summer months of 1942, the killing of adult institutionalized patients resumed on German soil. More decentralized than the initial gassing phase which had preceded it, the renewed euthanasia effort was still choreographed in Berlin. The T4 central office continued to select, transport, and process its victims, while local authorities often asserted their own priorities and determined the pace of the local killing at each facility.

This second euthanasia phase took place at a broad range of custodial institutions throughout the German Reich. The majority of institutions now pressed into service functioned at once as killing centers and as normal sanatory or mental health facilities so that in each case, the murder process had to fit within the facility's regimen their daily regimen, how they functioned as an institution.

In an attempt to more carefully camouflage the murders at these sites, adult killing centers now introduced methods of killing that were instrumental in child euthanasia. That is, they used principally lethal overdoses of medication, often by lethal injection, but more often a lethal overdose of medicine in a tablet or liquid form.

And there was one final difference that separated this second murder phase from the gassing phase that had preceded it. While it generally proved the case in the first years of the euthanasia action that the gas valve belonged, so the T4 motto went. So T4 functionaries always said, "the gas valve belongs in the hands of the physician."

It was equally true that in this second phase, the syringe or the tablets that administered the lethal overdoses of medication were in the hands of the nurses. All evidence indicates that at most euthanasia sites during this period, the nursing staff, both male and female, did the bulk of killing between 1942 and 1945. Of course, at the direction of the physicians at that facility.

Now every sector of the facility's personnel-- nurses, orderlies, caretakers-- were drawn into the killing process. The euthanasia program continued to claim victims at a number of facilities until the arrival of Allied troops in the spring of 1945. In all, historians estimate that 200,000 to 250,000 individuals, almost invariably institutionalized German mentally and physically disabled patients, were murdered under Operation T4 and its corollaries between 1939 and 1945.

The study of this Nazi euthanasia program is a work in progress. Since the 1980s, when the efforts of a few German researchers finally began to gather scholarly attention to this subject, the contours of T4 policy have been pretty solidly delineated. That is, we understand pretty much how the killing process worked.

Yet our knowledge of the euthanasia operation remains imperfect. Until recently, little scholarly attention has been focused on reconstructing the lives and experiences of euthanasia victims. A preoccupation with the overarching murder campaign has worked to overshadow their individual existences and to obscure their identities. Documentation is difficult. Many patient files have been lost or destroyed, while German privacy laws, always very strict, have ensured that the bulk of these medical records remain sealed and inaccessible to scholars.

But recent research, not only myself but many researchers in Germany, are now working on a new trend that will fill in some of the holes with regard to the nature and identity of euthanasia patients. In the year 2000, the Kaufbeuren Regional Hospital near Augsburg-- which is still, by the way, a functioning mental health facility, despite the fact that it claimed over 100-- excuse me-- over 1,000 lives during the Nazi period-- still a functioning facility, granted access of its extant wartime patient records to the archive at the United States Holocaust Memorial Museum in Washington, DC, my home institution.

And the resulting record group contains the patient files of about 1,500 individuals, most of whom died at the Kaufbeuren facility you see pictured here. And based on 500 samples, what I'm going to do tonight is to try to draw a preliminary patient composite for those individuals who lived and died at the facility.

And such a kind of exploration can hopefully try to reconstruct the patients' daily existence in this very frightening world that was the killing center at Kaufbeuren. And refracted and seen through the lenses of physicians and caregivers who chronicled their histories in these administrative records, the files allow us a glimpse of the individual lives of these euthanasia victims.

Kaufbeuren, as you see it here, began as a mental health facility and long-term care unit in Bavaria, northern Bavaria, in 1876 under the direction of Valentin Faltlhauser, who worked for the T4 campaign from the very beginning. So in 1939 and 1940, Kaufbeuren began its direct collaboration with the establishment of a killing ward in December of 1941.

By late May 1945, 209 infants, toddlers, and juveniles were murdered at the facility. The practice of adult euthanasia at Kaufbeuren began in 1943, and gained momentum the following year. Death registers from Kaufbeuren indicate that approximately 1,350 adults died at the facility as a result of the euthanasia action during the war years.

Among euthanasia facilities, Kaufbeuren possesses a particularly notorious reputation for two reasons. First, because it was one of several Bavarian sanatoria for which murder through systematic starvation was institutional policy. In addition to the killing of patients by lethal

overdoses of medication, victims at Kaufbeuren suffered lingering deaths by the so-called [GERMAN] or starvation regimen.

Second, Kaufbeuren were shocking proof to post-war authorities of the ingrained nature of the killing process among euthanasia personnel. In late 1945, American-- late April 1945, I should say, so a few weeks before World War II ended in Europe-- American forces occupying the region near Augsburg learned of the euthanasia facility from the people in the town and arrested, went to liberate the facility and arrested some of the officials. Of course, they left the patients where they were because they couldn't-- they had to be cared for adequately, and so forth.

On the 29th of May, 1945, an American Army Medical Corps unit revisiting the facility in order to provision it and to check on the patients made a gruesome discovery. 21 days following the end of war in the European theater and 31 days following the liberation of the facility, Kaufbeuren nurses were still killing their patients, the last one dying by lethal overdose just hours before the soldiers' arrival for inspection.

So a lot of the recent recognition that we have that many patients in the euthanasia program died from starvation rather than lethal overdoses of medication, which we've always known about, as well as this entrenched nature of the killing process among euthanasia staff at Kaufbeuren are two compelling reasons to take a closer look at the nature of euthanasia practices at Kaufbeuren as seen through its patient files.

First, I want to say a few words about who these individuals were before they came to the institution, before they were committed to Kaufbeuren, or to an institution just like it. Patients in the sample were distributed almost evenly in terms of gender. 43% of the pool were women, while 47% were men.

There was a sufficient regional distribution of patients. Given the facility's location near the city of Augsburg, it's scarcely surprising that about 40% of the patients came from the state of Bavaria where Kaufbeuren was located, while a quarter of the patients came from the actual governing district of Swabia. So they were locals in the area of Kaufbeuren.

While the remaining portion of the sample came from every corner of the German Reich, a significant number of individuals came from three principal areas. From Hanover in northern Germany, several hundred miles away from Kaufbeuren, from southwestern Germany from Baden in the southwest corner of Germany, and from what is today Rhineland Westphalia. So in western Germany, along the Rhineland.

These relatively large percentages of persons from distant areas of the country owe to the fact that patients often arrived at Kaufbeuren in collective transports, from its established-- what euthanasia functionaries called transit facilities. These served as a kind of way station, supplying a regular influx of patients for killing as well as concealing their fates from suspecting relatives and responsible agencies.

The sizable numbers from diverse regions of the Reich is a good thing for a patient composite like this, because it shows that it's more of a national model than a Bavarian victim model. So that's good when you're trying to form a composite like this, in a study like this.

In terms of religious confession, there was an even mix as well among patients. About 45% were Protestant Lutherans, and about 53% were Catholics. There were no Jews in this survey. The deportation of Jews from the German Reich began in October of 1942. And by the time Kaufbeuren was murdering especially adult patients, most Jews had actually been deported from Germany, so they are not among the victims at Kaufbeuren.

Not surprisingly, most patients came from the working and lower middle classes, from parental households engaged in farming, as artisans or shop owners or factory workers. Because most neurological disorders like epilepsy and most intellectual disorders like mental retardation, cognitive impairment begins and is mainly discovered in infancy or early childhood, and because most mental illnesses begin in early adulthood, most of the patients at Kaufbeuren had been committed in their teens or early 20s to some kind of mental institution, and therefore remained unmarried. Almost an equal percentage, 75%, had no children.

In keeping with the general population, few individuals here attended school beyond a primary education. Only 16% advanced beyond the cursory education to apprenticeships or vocational training. Close to a third had no schooling whatsoever, either because they were small children at the time of their deaths, or more commonly, because they were ineducable.

Lack of education and training combined with the early appearance of illness or disorder meant that a sizable number of this pool, about 43% of them, had never exercised a trade or professional career of any kind. Only a small number worked before their committal as artisans, skilled laborers, office workers, business persons, persons who needed some kind of training in order to have a job such as that.

Most, still a small percentage of the total, had low-end jobs like unskilled factory workers, manual or day laborers, miners from the Rhineland, transport workers, farmhands. Most of the married women in our survey were classified as wives, even if they had exercised a profession of some kind before their marriage.

So the kind of statistical data we can glean from these records gives us sort of a sociological profile of who these individuals were, the people behind the statistics. But at the same time, a careful reading of some of the case studies enclosed in these documents can give us some important details not only about who these individuals were as persons, but also how euthanasia policy evolved at institutions like Kaufbeuren. So let me demonstrate this with my first case history.

And here we have a really, really poor photograph. Many of the photographs in these files are unusable for various reasons, so we're very lucky when we can have a photograph that we can actually use from these files. I'm sorry that it's in such poor condition.

This is Lorenz [? Bauer. ?] He was born in [? Stockbergen, ?] Bavaria, to peasant farmers on the 24th of August, 19-- 1883. Excuse me. The youth had a normal schooling, and at the age of 18, entered a brief compulsory military service. After his discharge, his family remarked on the young man's changed character. And in 1912, the 20-year-old [? Bauer ?] began [? Bauer ?] to manifest the first symptoms of schizophrenia.

In July of that year, he was committed to the Kaufbeuren facility near Augsburg on the order of police authorities. But he improved sufficiently a few months later to be released to the custody of his brother. Things went well into the summer of 1941 when Lorenz [? Bauer ?] again began to demonstrate violent behavior, threatening his brother with an axe.

For the second time then in 1921, he was admitted to Kaufbeuren as a danger to himself and the community. A long-term patient at the facility, [? Bauer ?] worked for many of his 24 years at Kaufbeuren as a field hand. And despite a few disruptive episodes, was singled out in 1942 as one of the most diligent workers at the facility.

In 1943, [? Bauer ?] expressed remorse to the nursing staff that a foot injury kept him from working out of doors. When the swelling in his foot reoccurred in 1944, [? Bauer ?] complained to the attending physician on his monthly visit to the patients that he could neither thrive nor recover sufficiently to go back to work, since he did not receive adequate rations as a non-worker. The injury lingered, and in a few weeks time, [? Bauer ?] was transferred to the [GERMAN] wing of the facility where he was murdered by a lethal overdose of medication.

A careful reading of euthanasia patients like Lorenz [? Bauer's ?] file can reveal or confirm, at least for historians, a number of important details regarding the functioning of the killing center and to the process of euthanasia policy, as I said, as it evolved at a particular institution. For example, the story of Mr. [? Bauer ?] indicates something historians have long known about the euthanasia program, that the ability or inability to work represented an important factor in including or excluding individual patients from the killing measures.

Undeniably, in both phases of adult euthanasia in the gassing phase, which I talked about at the beginning of my talk, or in the second murder phase from 1942 to 1945 as practiced at Kaufbeuren, the criterion for labor might establish a reprieve for patients, saving them as useful workers or dooming them to destruction process. Administrators clearly placed an emphasis on retaining those patients able to labor at the facility. Those who could received extra rations. Hunger and medication confined the incapacitated to their beds and served as a twin dynamic, reducing their strength and resolve until their purposeless existences were cut short by malnutrition, disease, or an overdose of narcotics.

The other factor which Lorenz [? Bauer ?] illustrates is the issue of long-term patients living at euthanasia facilities. One thing which struck me as I began to look at the statistical data that I had gathered from individual files was that a full third of the persons in this study, 33%, had been committed to a mental health facility for one year or less when they met their deaths at Kaufbeuren. That means that they had perhaps an ephemeral condition. In fact, they had not

been in a long string of mental institutions or in a facility for a long time, as Lorenz [? Bauer ?] had.

And before November 1942, the euthanasia programs' registration process had set a kind of standard by including only those who had lived at a certain institution for more than five years, which tried to put the focus on patients who were there for long-term care rather than a short-term condition like depression or a suicide attempt. Clearly now as the killing process radicalized in 1944 and 1945, Kaufbeuren personnel had fewer compunctions about killing less impaired individuals, those individuals who had been committed to a mental health facility for only a relatively short time frame. And so included these with so-called incurables in the destruction process.

There were, of course, individuals like Lorenz [? Bauer ?] who lived at Kaufbeuren for a long time. Some of them, as [? Bauer ?] did, before Kaufbeuren became a euthanasia institution. And he fits the pattern for these individuals very closely. Only 10% of Kaufbeuren's patients were what I would call long-term patients.

And there are two very interesting things connected with these individuals. First, long-term patients comprised a significant number of people who survived institutions like Kaufbeuren. This suggests that persons had been retained, as historians have long suspected, because they were good workers. Kaufbeuren, like many facilities in Germany in the 1930s and 1940s, employed patient labor for the facility's menial tasks. They tried to be self-sufficient, so often they had farming areas, workshops, cobbler shops, and so on. And this was a concept that was thought at once therapeutic for the patients, and of course, economically advantageous for the facility itself.

Long-term patients survived too when they proved to be of minimum trouble to their caretakers and required little care, or because they had champions among the staff who protected pet patients. Likewise, many long-term patients were locals like Lorenz [? Bauer ?] from Augsburg and the surrounding countryside who had been committed to Kaufbeuren directly. That is to say, they were not transferred and collected transports from other facilities, but usually brought in by their relatives. Or in Lorenz [? Bauer's ?] case, by local police officials.

Many of them received frequent visits from loved ones because their families were in the local area. So the abrupt disappearance of these individuals might have raised doubt among family members, and perhaps these individuals were spared for a long time in order to avert local suspicion. It's extremely interesting to note that many of these long-term care patients survived until the very last months of the war and were killed in large numbers in March and April of 1945 before American troops overran the facility.

Unlike Lorenz [? Bauer, ?] Maria [? Dorpholan ?] lived a very short time at Kaufbeuren. On the evening-- and I'm sorry I don't have photographs of the next two case studies-- on the evening of the second of March, 1944, a transport of eight elderly individuals arrived at the facility. Among these patients were several residents of [? Belbertasheim ?], an old age home, which

had been damaged in the bombing of Augsburg, just like the old ladies that we saw at the beginning of my talk.

The little group appeared at the institution well ahead of their administrative and personal records, and although they had some rudimentary identity papers among them, one female remained unidentified. The elderly woman spoke very tenderly to the nurses who took care of her, but could provide little personal information or the names of family members.

Diagnosed with arteriosclerosis-- in those days, hardening of the arteries, and senile dementia-- she was secured to her bed with restraints. As with so many elderly Kaufbeuren patients, incontinence and the need for constant care proved a death sentence. And on the 15th of March, 1944, this still nameless woman was murdered with a lethal overdose of medication.

In the days that followed, her records arrived, and Kaufbeuren were finally able to identify the dead woman as Maria [? Dorpolan, ?] the daughter of a tax assessor from Bohemia. That was then part of-- in the time that Maria [? Dorpolan ?] was born, Bohemia was part of the Austrian empire.

The 73-year-old woman had been a long and active and productive member of her community in Dillingen on the Danube, not far away from Kaufbeuren. And her late husband, a high-ranking civil servant, had served as its mayor. In her widowhood, she had been a quiet and orderly retirement home resident. Once she was in Kaufbeuren, she was dead within two weeks.

Maria [? Dorpolan's ?] history raises a significant detail in our narrative. It's true that although dissimilar in many respects from T4's gassing phase for adult patients, the euthanasia campaign and this more decentralized second phase continued to target as its chief victims the institutionalized mentally and physically disabled. Not surprisingly, schizophrenia, hereditary epilepsy, and hereditary feeble mindedness were the chief disorders on which basis Kaufbeuren victims were initially committed.

Strikingly, however, the next highest percentages of diagnosis at committal among murdered patients were senile dementia and arteriosclerosis. So 16% with those two figures combined. In fact, the number of geriatric deaths was the most unsettling discovery I encountered in regard to these files.

Let me be clear. 56% of the persons murdered at Kaufbeuren between 1941 and 1945 fell under the rubric of adult euthanasia. That is, they were persons in their majority who suffered some kind of severe psychiatric, cognitive, or physical disability.

As Kaufbeuren was an infamous site of child euthanasia, a significant percentage of young victims was also to be expected. 18% of the patients who died there were small children or juveniles up to the age of 18. But in 16% of the cases, however, these were geriatric victims, individuals suffering from an infirmity of old age, like senility, disorientation, stroke, or the

cognitive impairment we now associate with Alzheimer's disease, without any other pathology relating to mental illness or disability.

It should be noted that in March 1941, those euthanasia planners called Brandt and Phillip Bouhler, who we met at the beginning of my talk, had set very specific guidelines forbidding, expressly forbidding the murder of elderly patients suffering from senility or senile dementia, as far as they had been contributing citizens to society during their lifetime, and as far as they didn't have any earlier exhibitions of psychosis or physical disability.

Now, however, these Kaufbeuren patients, many of them like the ladies who I talked about in the first minutes of my talk, were elderly victims of Allied bombings upon the city of Augsburg or Dresden, the famous bombing of Dresden. Or they were evacuees from the east in the last months of the war. Injured, disoriented, or traumatized, many such persons were temporarily housed in hospitals or welfare societies for observations or until relatives could come and claim them.

And under the auspices of Operation Brandt, named for Karl Brandt, who we met earlier, Hitler's attending physician, which synchronized the euthanasia program with local and regional disaster planning, municipal authorities in need of bed space for what they considered more valuable victims, whether those were civilian victims from Allied bombings or for military casualties from the front, often took over old age homes like the one in which Maria [? Dorspolan ?] was, and moved all of its tenants, old age patients, to facilities like Kaufbeuren for murder.

These individuals died at Kaufbeuren because they exhibited geriatric rather than psychiatric symptoms, a rather astounding percentage, and a trend that I've continued to see as I've worked through these files. I've now seen 800 of them. And this is a trend that has continued through the entire look at these files.

The history of Walter [? Graff ?] illustrates a final point. In early childhood-- and I'm going to show a very distressing photo, so if some of you are distressed by these sorts of things, please don't look at it. The case history of Walter [? Graff ?] illustrates a final point.

In early childhood, [? Graff ?] developed encephalitis, a swelling of the brain, which caused brain damage. Thereafter, the young boy suffered frequent epileptic seizures. He was eight when he was committed to the Rotenburg sanatorium near Hamburg-- excuse me, near Hanover, the city of Hanover. In his late teens, he developed sufficient skills to work in one of the workshops as a cobbler, a shoemaker.

In 1938, his caretakers noted that the young man was mischievous, and loved to play games and jokes on his fellow patients. But in the workshop, he was quiet, industrious, and efficient.

At this juncture, the adult [? Graff ?] stood 5 foot 8 and weighed 145 pounds. He had always been in excellent health. But in 1941, he began to experience more numerous and severe

epileptic seizures. As his physical condition deteriorated, he found it difficult to work. And in 1943, he was selected for transfer to Kaufbeuren. For a few months, he managed to work in the garden, but his new special diet-- and of course, that was a starvation regimen on which many Kaufbeuren patients were put-- left him weak and incontinent.

In the last month of his life, subjected to starvation, Walter [? Graff ?] lost almost 10 kilograms, 22 pounds in four weeks. When he died on the 27th of March, 1944, he weighed-- was 32 years old, by the way-- and he weighed 70 pounds.

Walter [? Graff ?] was one-- and this is not a photograph of him. This was a photograph taken by American authorities when they overran the Kaufbeuren facility in April 1945. Walter [? Graff ?] was one of those Kaufbeuren patients who suffered a lingering death by starvation.

Originally, when I began this program, I wondered how I was going to establish by what means-- since there were two means of killing patients at this facility, I wondered how I would be able to figure out which patients had met their death by starvation and which by lethal overdoses of medication. What I hadn't counted on was the invaluable cooperation of Kaufbeuren personnel who kept detailed and accurate monthly weight charts for each individual.

According to available documentation, 23% of Kaufbeuren victims in my sample died through starvation. In 23% of the cases, it was a very short duration stay at Kaufbeuren, and that indicated overdose of medical-- of medicine, lethal overdose of medication. In a small number of cases, a very short tenure of Kaufbeuren came with very, very rapid weight loss. And it's very clear that in these cases, the two sort of worked as a twin dynamic to murder those patients in question. In about half of the cases, there wasn't enough information to determine how death had occurred.

Obviously, the data I've just presented is a preliminary outline. I'm still working. I'm still going to go through all 1,500 of the files. So it's still a work in progress, but I think that there are some trends that are establishing themselves in this study that are illuminating and merit further investigation.

The relatively high number of geriatric patients without significant psychiatric pathology deviates from our standard assumption that the euthanasia program claimed the lives of only the severely mentally and physically disabled because they ostensibly compromised Germany's genetic and financial resources. Likewise, the murder of elderly bombing victims largely under the auspices of Operation Brandt, which I've just explained, suggests that the exigencies of total war widened the arc of intolerance for those unable to provide or to care for themselves, rendering human life more and more dispensable as the war went on.

Both instances point clearly to the fact that as the euthanasia operation spiraled outward to embrace a broader spectrum of victims. Civilian foreign force laborers from Poland and the Soviet Union were also killed at Kaufbeuren. Bombing victims, German frontline soldiers. I did find one SS officer who was murdered at Kaufbeuren.

As this begins to kind of spiral out of control and embrace more victims, it's very clear that so-called ordinary Germans too were caught up in the cycle of destruction. In the final months, T4's deadly machinery sort of spun out of control, extending its web to include all potential drains on essential goods and services. These reflections introduce as many questions as they answer.

For example, when did it happen that the euthanasia program extended beyond the slaying of "life unworthy of life" to murder those no longer useful to the community at large, even if their condition were treatable or had no psychiatric or hereditary basis? Why did killing increase dramatically both of long-term patients and patients in general in the last six months of Kaufbeuren's existence as a T4 center?

The calculated starvation of patients at the facility, did this work within the wider context of the murder program, and how? As a more organic means of killing, did it help the institution's personnel to distance themselves more easily from their responsibility as killers? These are points for further discussion and research. A dialogue which helps to explain the contours of Nazi euthanasia policy is ultimately a dialogue about its victims. And here, these victims of silence still have a lot to tell us. Thank you for your attention.

[APPLAUSE]

KAREN WEATHERMAN: We have a few minutes for some questions. I ask you to please stay seated while we entertain if there are questions in the audience.

PATRICIA HEBERER: Other questions-- whoops.

KAREN WEATHERMAN: Yes?

AUDIENCE: So far, have you found-- were there any forced commitment, or was all of it voluntary work by [INAUDIBLE]?

PATRICIA HEBERER: I'm sorry. I didn't hear the first.

AUDIENCE: Was there any forced commitment?

PATRICIA HEBERER: Among people who carried this out.

KAREN WEATHERMAN: And you might repeat the question.

PATRICIA HEBERER: Yeah. I'll just do that. And I'm on this mic. So, OK. I'm standing away from the other mic, but I have the lavalier, so I'll just repeat it. Was there any forced-- was anyone compelled, basically, to as perpetrators, either doctors or nurses, to work with the euthanasia program?

The simple answer to that question is no. I'm sorry, did you--

KAREN WEATHERMAN: It was, were there forced commitments or involuntary commitment?

PATRICIA HEBERER: Right. Was it a forced commitment or a voluntary commitment? And here, no one was compelled to work with the euthanasia program, either medical personnel or bureaucratic personnel that worked at these facilities. In the very early stages of this, there was actually a recruitment process for these individuals. And it's very clear from some of the testimony that we've seen that though people felt a certain compunction, they felt, what's going to happen if I refuse, that they were actually recruited. And many of them felt that they had a choice to make in the matter.

Later, from 1942 to 1945, a lot of the medical directors at various facilities said, yes. We'll work as a euthanasia facility. And that did not mean that their staff necessarily agreed with this choice. And so they were sort of forced into a situation where they had to decide, how is it ethical for me to proceed? Do I leave the institution? Of course, if you were working as a doctor or a nurse at these institutions, of course, you could leave and try to find other work. Some people did this.

Some male nurses-- a lot of these facilities had male nurses because, of course, a lot of the patients were-- needed some kind of physical restraint, so there were a lot of male nurses employed at these facilities. And some of these chose to go into the army, the Wehrmacht. Which is a difficult choice, because the German war effort wasn't going very well at this point. But some of them did that.

Some of the female nurses pretended to be pregnant so that they could leave their positions. Some of them simply worked for the nurses. As I said, the nurses, much of the murdering during this time was during the evening shift when it looked very normal to pass out sedatives or sedatives through a tablet form or through injections. It looked very normal. That's what nurses did at night as they were putting patients to bed for the evening. But of course, some patients, they were giving them lethal overdoses of medication.

And usually, what many of the nurses would do, if they didn't want to actually conform to the killings at the institution, they might work on the night shift, which was much more difficult. You have to stay up all night, you have shift work. But it kept you from being involved in the killing process.

But no one was compelled actually to stay in this. And it's a fiction whether individuals worked at concentration camps, whether they performed medical experimentation on concentration camp prisoners, whether they were shooting Jews in the killing fields of the Soviet Union, or whether they were killing patients in these facilities, we know of no case where someone paid with their lives for saying no. And that's just a rule that has stuck with all the research we've done over the past years. I know of no one who paid with their lives or injury in saying no to this.

KAREN WEATHERMAN: And were any of the patients involved-- did any of the patients voluntarily commit themselves to the facilities? Is that was your question? More about the patients or--

PATRICIA HEBERER: Are you asking--

AUDIENCE: Yes. It was a little bit more about the patients as well.

PATRICIA HEBERER: So the patients-- of course, this was a clandestine program. So no one was supposed to know that they're killing patients at this facility, right? And so yes, there were some patients who actually committed themselves, just as today you might commit yourself to a psychiatric hospital if you have some kind of disorder, and you know that you're having trouble coping. That did happen. Most patients at that time period were committed by their relatives, but some under their own consent.

But certainly, they didn't realize what they were putting-- what kind of danger they were putting themselves in. Or for parents of children who put children into these pediatric institutions, most of them had no idea what these patients were up against once they got into these facilities. And many of these people were also committed before the euthanasia program took effect, so that they were already in the system by that time. Does that answer your question? I'm sorry I misunderstood.

KAREN WEATHERMAN: Are there any other questions in the audience? Yes?

AUDIENCE: Were German physicians-- did they normally take a Hippocratic Oath? And if they did, what was their response to that question at Nuremberg?

PATRICIA HEBERER: Yeah. That's a good question. So did German physicians take a Hippocratic Oath, and what was their response? Or I guess you're saying, what's the medical community's response at Nuremberg?

The Hippocratic Oath was used formally as an oath once one became a physician in this country, as well as in Germany. But it was not an oath that was always administered in many medical schools in Germany or here in the United States at the time. About 25% of medical faculties in Germany-- and that's probably true for here in the United States too at the time-- administered a Hippocratic Oath. It wasn't a common as it is today. But certainly, they were aware of the Hippocratic Oath. And certainly, the idea of doing no harm was in codified medical ethics.

I should also point out that the Germans were one of the only countries who had codified medical ethics, especially informed consent laws. There was an informed consent law that went onto the books in 1931 in Germany. So while Germany was still a democracy. And obviously, the Nazis looked the other way when they came to power, and doctors were carrying out a lot of Nazi racial policies like euthanasia, sterilization, as well as medical experimentation.

It's very interesting that the United States did not have similar codified medical ethics considerations, including informed consent, until the time of the Nuremberg trials. And a man named Andrew Ivy, who was from Northwestern University, went as a witness to the trial for the American Medical Association, and quickly discovered that we didn't have any codified ethics, and went home and said to the American Medical Association and to his colleagues back at Northwestern, we'd better write some up so we don't look silly when we go to the trial. And in fact, that's what happened.

But Germany actually had codified ethics and ignored them. So it's very important, I think, that-- the message that we always give to medical students now when we talk about this kind of history is that these ethics have to be living. They have to-- codified ethics have to be a living document. It has to be discourse about them. It doesn't help to have written documentation, written laws, written codes if they're not followed. What happens to these guys at Nuremberg, was that what your question was, to the medical--

AUDIENCE: How did they respond to the question? The question that I assume must have been asked.

PATRICIA HEBERER: Which question? The Hippocratic Oath?

AUDIENCE: Do no harm. Take an oath to do no harm.

PATRICIA HEBERER: Right. Most of these individuals used the duress argument. They argued that they had no choice to do what they had done. And most of these individuals also didn't deny what they had done, which is very interesting. I don't know of anyone who referred directly to the Hippocratic Oath, either in the testimony-- in the evidence gathering, in the interrogation of these officials before the court. I'm not sure they asked this question.

Because as I said, in the United States as well as in Germany, it wasn't as common then, so I'm not sure that exact question was raised. But as I said, most of these individuals didn't deny what they'd done, which is very-- and obviously admitted very often what they'd done, saying that they had done it under duress, which also wasn't an accurate statement. Does that answer your question?

Incidentally, the medical community did very-- made very strenuous efforts to protect their own. Most of these euthanasia doctors-- there was a 1946 trial, as you know. Karl Brandt was the chief defendant at the medical trial that tried crimes of euthanasia and also medical experimentation. Not sterilization, which of course, the United States was practicing too at the time. So that didn't make it into the Nuremberg medical trial.

But euthanasia crimes were left to German courts, because it was a German-on-German crime. And up until that point, there was no precedent in international law by crimes against humanity. That happens only after Nuremberg, after the Nuremberg trial, the large international military tribunal trial was completed.

And so their decision of the Allies occupying forces was to leave this to German courts. And so there were about 60 trials between 1946 and the 1960s. But the medical profession in Germany did everything they could to protect these individuals and to portray themselves as a very clean profession, which lingers really until around the 1990s. This categorical denial of, you know, these are a few bad apples in our professional organization, but it was a clean profession. So that's an interesting story in itself. Thank you for your question.