

“Biological Soldiers”:¹ War and the Nazi Euthanasia Killings

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This essay argues that, by marrying the ideological with the pragmatic, World War II justified existing pre-war stigma surrounding the disabled, and motivated that hatred to genocidal ends. The war also provided the cover needed for the Nazi state to murder hundreds of thousands of institutionalized or medical care-reliant people without stirring public ire and to produce arguments that justified those murders to the medical community. By instilling the medical community with a militarized mindset, the line between healing the sick and killing patients dissolved—killing became the way of cleansing the nation of people whose ailments were supposedly doing the nation great harm. In this essay, I track the development of these tragic eugenic ideas in the wake of World War I and delve into the causes, effects, and results of the Nazi medical community’s personal battlefield.

In the winter of 1938, the Chancellery of the Führer received a euthanasia request from a new father.² The Knauer’s child was born blind, with two malformed limbs, and had been diagnosed an “idiot” by his doctors.³ Typically, this word meant that the child was perceived to have mental disabilities. Knauer had asked that the child be euthanized. Such actions still being illegal in Germany, the child’s doctors had refused him. Now, the father appealed directly to Hitler. Hitler’s personal physician, Dr. Karl Brandt, was sent to observe the child. Brandt was informed that he and other medical staff had Hitler’s personal permission to kill the boy if he were found as described. Brandt confirmed the report and the Knauer

child became “the first known victim of the Nazi euthanasia program.”⁴

Though the Knauer boy’s fate has reached academic notoriety—likely due to his discussion by Drs. Brandt and Catel at the Nuremberg Trials—the boy was only one of many children killed by Nazi euthanasia, a program that officially began in the summer of 1939.⁵ Historian Suzanne E. Evans finds that between 5000 and 25,000 disabled and mentally ill children were murdered between 1939 and 1945.⁶ In autumn of 1939, the euthanasia program was further expanded to include adults. The T4 program killed 70,273 people,⁷ mostly in special carbon monoxide gassing centers, before the program officially ended in 1941. Alone, the killing site Hartheim gassed three to four hundred people a day.⁸ Following T4’s shutdown, the Nazis implemented Aktion 14f13: inmates at concentration camps who were disabled or too weak to work were transferred to former T4 killing centers and gassed, killing as many as 40,000.⁹ In the Nazis’ remaining four years, “wild euthanasia” continued across the German territories.¹⁰ Provided for from the state’s central medical organs but without official sanction, groundbreaking euthanasia historian Henry Friedlander describes wild euthanasia as a “chaotic” action that took place nearly at random across German-occupied territories.¹¹ Evans notes that 100,000 people were murdered at the Kiev Institute in the occupied USSR, and that Kiev is just one *documented* episode.¹² Due to the Nazis’ partial success in destroying any record of the killings, concrete numbers are impossible to confirm. In total, the number of dead produced by all the Nazi euthanasia programs was perhaps as few as 200,000, but the programs more likely killed as many as 750,000 people.¹³

For the Third Reich, the battlefield for the ideal German nation began at the hospital bed. People who were institutionalized or dependent on medical care were vulnerable to Nazi euthanasia. In the language of the time, the victims were characterized as “weak-minded

1 Michael A. Grodin, EL Miller, and JI Kelly, “The Nazi Physicians as Leaders in Eugenics and “Euthanasia”: Lessons for Today,” *American Journal of Public Health* 108, no. 1 (2018), 53.

2 A note on terminology: euthanasia is commonly taken to mean “the good death.” Such deaths were meant to be an informed escape from insurmountable and untreatable suffering, administered at the behest of the patient. Nazi euthanasia fits none of these criteria. However, “euthanasia” is the term most commonly used in the historiography and in the period. Hence, the term will be used to describe the murders committed by Nazi doctors in this paper.

3 Susan Benedict, Linda Shields, and Alison J. O’Donnell, “Children’s “Euthanasia” in Nazi Germany,” *Journal of Pediatric Nursing* 24, no. 6 (2009), 507.

4 *Ibid.*, 508.

5 Suzanne E. Evans, *Forgotten Crimes: The Holocaust and People with Disabilities*, (Chicago: Ivan R. Dee, 2004), 22.

6 *Ibid.*, 26.

7 The program was code-named after Tiergartenstrasse 4, the coordination building in Berlin that the program ran out of with the height of discretion.

8 Evans, *Forgotten Crimes*, 57.

9 Evans, *Forgotten Crimes*, 93.

10 *Ibid.*, 67.

11 Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press, 1995), 165.

12 Evans, *Forgotten Crimes*, 69.

13 *Ibid.*, 94.

and insane,” or sometimes simply described as “the idiots.”¹⁴ Children, adults, and the elderly were all killed without mercy. These murders relied on the Second World War. Building on prejudices intensified by the First World War, the following war enabled the Nazis to better conceal the killings, provided utilitarian arguments to justify removing “useless eaters” from society, and instilled the militarized mentality and structure in the medical profession necessary to facilitate direct medical killings on a genocidal level.¹⁵ By marrying the ideological with the pragmatic, I argue that World War II justified existing pre-war stigma surrounding the disabled and motivated that hatred to genocidal ends.

Friedlander describes genocide as “the most radical method of excluding groups.”¹⁶ This final exclusion was the product of the last fifty years of eugenic science, which since the late nineteenth century had been increasingly medicalized, and ordered in a hierarchy that privileged white, able-bodied men with intelligence and physical traits like race and (dis)ability.¹⁷ Medical historian Lee Hudson corroborates Friedlander, detecting in 1920 a distinct shift in the tone eugenic discussions took toward the disabled. Why should the state support the “intellectually dead,” eugenics researchers Karl Binding and Albert Hoche asked in their two part argument *Permission for the Destruction of Life Unworthy of Life*, while able young men were sacrificed in the First World War?¹⁸ The theories outlined in Binding and Hoche’s work gained interest and devotion in the interwar period, given the war made palatable for the first time to the mainstream the idea that lives that drew too many resources from the society were damaging to that society and should thus be dutifully eliminated by the society’s healthier members.¹⁹ Historian Robert Jay Lifton similarly observes that the study reflected a rising mentality in Germany after the war.²⁰ In more detail, Friedlander argues that the shift in opinion developed specifically because Germany’s fresh experience with military defeat,

14 Holocaust Education and Archive Research Team, “Hartheim Euthanasia,” War Crimes Investigation—The Charles H. Dameron Report, <http://www.holocaustresearchproject.org/euthan/dameron.html> (accessed 14 November 2018). Please note that the full document is kept at the US National Archives at College Park but was inaccessible at that location.

15 Rotzoll, “Extermination Crime,” 19. Terms borrowed only.

16 Friedlander, *Origins*, 21.

17 Ibid.

18 Lee Hudson, “From Small Beginnings: The Euthanasia of Children with Disabilities in Nazi Germany,” *Journal of Paediatrics and Child Health* 47, no.8 (2011): 509.

19 Ibid.

20 Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986), 47.

socio-economic trouble, and political turmoil had radicalized the professional classes.²¹ The First World War’s brutality had left devastation in its wake: attitudes toward perceived weakness and wastefulness turned violent in consequence. Suggesting the power of this reaction, “the 3-person panel deciding whether a patient should be killed” described in Binding and Hoche was actually realized by the medical bureaucracy to decide patients’ fates in the Nazi euthanasia killings.²²

Another distinction should be made. Before the Nazis gained power, Binding and Hoche’s theories were still held by only the minority in the German medical fields.²³ The Nazi government, however, run by the most radical party in the “völkisch” movement, sought to answer the demands of the disenchanting German public with a “race hygiene utopia.”²⁴ To establish this utopia, Hitler would have to cleanse German society of the hereditarily unfit. This task could, according to Friedlander, only be accomplished “once domestic and foreign restraints were removed.”²⁵ By 1933, more than half of the German medical profession had joined the Nazi Party. With this enthusiasm, much of the domestic restraint had been loosened.²⁶ For the Nazis’ eugenic mission, the final liberator arrived in 1939. While July 14, 1933 had seen the implementation of the “Law for the Prevention of Genetically Diseased Offspring,” a policy that forced sterilization on those deemed hereditarily unfit, the euthanasia killings took a while longer to follow. This delay persisted because, as Karl Brant testified at Nuremberg, “the Führer was of the opinion that such a problem would be easier and smoother to carry out in wartime.”²⁷ It was only following the Polish campaign, Brandt added, that Hitler stated he “wanted to bring about a definite solution in the euthanasia question.”²⁸

Hitler’s apparent strategy was to construct the euthanasia killings as a consequence of war. This interpretation is supported by Hitler’s backdating of his order to begin the killings. The secret missive declared that “Reich Brouhler and Dr. Brandt” would be responsible for extending “the powers of specific doctors in such a way that [...] those suffering from illness deemed to be incurable may be granted a mercy death.”²⁹ Given in October of 1939, the order is signed for September 1, 1939. This slight-of-hand, as noted by Evans, clearly suggests Hitler’s desire

21 Friedlander, *Origins*, 31.

22 Grodin, “The Nazi Physicians,” 54.

23 Lifton, *The Nazi Doctors*, 48.

24 Friedlander, *Origins*, 36.

25 Ibid.

26 Grodin, “Nazi Physicians,” 53.

27 Evans, *Forgotten Crimes*, 24.

28 Ibid.

29 Evans, *Forgotten Crimes*, 42.

to have the euthanasia killings perceived as “a necessary wartime measure.”³⁰ As Lifton argues, Hitler created this façade to pacify “expected religious opposition” to the euthanasia killings.³¹ What medical historian Maike Rotzoll distinguishes as the “outer war,” meaning the Second World War, was meant to serve as a distraction from the “inner war,” meaning the violence conducted by the Nazis against unwanted German citizens.³² Additionally, Hitler was said to characterize war as the ideal time for “the elimination of the mentally ill.”³³ Hitler reportedly opined that war “generally diminished” the worth of life overall in the public perception, meaning that even less concern would be given to those already heavily stigmatized in the public consciousness.³⁴ These conditions made war a fertile soil for mass killing the mentally ill and disabled.

The euthanasia killings also relied on the Second World War for utilitarian justification. While Hitler used war’s tumultuous nature to turn away unwanted gazes and to forestall protest, pragmatic arguments for the euthanasia killings also arose from wartime. Susan Benedict argues that the war created an economic scrutiny that questioned the value of keeping people who were unable to work alive during wartime; this scrutiny, Benedict affirms, laid the foundation for the killings.³⁵ Racial hygienists argued that the disabled and mentally ill were “useless eaters,” thriving off the nation’s productions but never contributing any labor.³⁶ In 1935, Gerhard Wagner, Führer of the National Socialist Physicians’ League, claimed that Germany spent one billion reichsmarks on the “genetically disabled,” a number that dwarfed the amounts spent on the police or other government institutions.³⁷ The Nazi answer to the purportedly exorbitant burden placed on working Germans was to kill these ‘useless’ individuals. But, this argument did not originate with the Nazis. Proctor summarizes Hoche and Binding’s arguments as: “If the healthy could sacrifice their lives in time of war, then why should not the sick do the same?”³⁸ With World War II’s advent, the argument became a Nazi favorite. While at a meeting to plan the killings in 1939, Historian Phillip Bouhler asserted that not only did health concerns motivate the doctors’ actions, but also the need to “free up hospital beds and personnel for the coming war.”³⁹ Evans agrees,

30 Ibid.

31 Lifton, *The Nazi Doctors*, 50.

32 Rotzoll, “Extermination Crime,” 18.

33 Lifton, *The Nazi Doctors*, 50.

34 Ibid.

35 Benedict, “Children’s ‘Euthanasia,’” 507.

36 Rotzoll, “Extermination Crime,” 19.

37 Proctor, *Racial Hygiene*, 181.

38 Ibid., 182.

39 Ibid.

arguing that the Nazis’ murderous motivation was partially found in the need to ration scarce medical resources.⁴⁰ Economic documents found at the Hartheim killing center following the war summarize the Nazi economic justifications of the T4 program: by the end of 1941, 93,521 hospital beds had been “freed up” and 880 million RM saved.⁴¹ The euthanasia killings also contributed financially to the German war effort.⁴² After death, victims’ families were deceived into paying fees as though their relatives were still alive.⁴³ Additionally, gold or otherwise valuable personal possessions were stripped from their owners upon arrival at a killing center. This grim, economic pragmatism was derived from greed and the gross dehumanization of their victims. Yet, the Second World War provided the circumstances wherein these reactions to other human beings was accepted as reasonable, justifiable behavior.

But though the war provided justifications aplenty, the euthanasia killings relied on the German medical community in order to take full advantage of those justifications. Without a structure that allowed for the organized dissemination of orders and the discipline to keep those orders quiet, the euthanasia killings could not have been maintained. Highlighting this fact is the official termination of the T4 program, an end that only came about when public unrest surrounding the T4 killing centers threatened the Nazi regime’s public support.⁴⁴ Yet, this public unrest was primarily stirred by the near location of towns to the killing centers, such as at Hadamar, where even the town’s children took notice of the grey buses that deposited passengers but never took any away.⁴⁵ Reprisals came most notably from Bishop Clemens August Graf von Gallen, who publicly addressed his parishioners to declaim the killings.⁴⁶ However, protest largely did not come from within the medical community that had, by this point, been militarized both in structure and in mindset.

As Proctor observes, “the medical profession was *gleichgeschaltet*,” meaning coordinated or unified, “into a single, hierarchical structure responsible to a vertical chain of command.”⁴⁷ In this strictly disciplined structure, commands came down from the National Socialist Physicians’ League, who were subordinate only to the National Socialist Party.⁴⁸ The inextricable relationship between medicine and

40 Evans, *Forgotten Crimes*, 86.

41 Ibid., 184.

42 Ibid., 86.

43 Ibid.

44 Evans, *Forgotten Crimes*, 67.

45 Ibid., 64.

46 Evans, *Forgotten Crimes*, 65.

47 Proctor, *Racial Hygiene*, 70.

48 Ibid.

politics in Nazi Germany demanded that doctors not just stand in line with party policy, but take an active role in its administration. Lifton also gestures to the demand aimed at the Nazi medical community. Citing an “influential manual” by Rudolf Ramm, Lifton uses Ramm’s words to propose that doctors were no longer caretakers of the “Volk;” rather, the Nazi doctor was “an alert biological soldier.”⁴⁹ These doctors were not caretakers or healers, but the state’s line of domestic, medicalized defense. Grodin purports a similar characterization, arguing that:

A series of recurrent themes arose in Nazi medicine as physicians undertook the mission of cleansing the State: the devaluation and dehumanization of segments of the community, medicalization of social and political problems, training of physicians to identify with the political goals of the government, fear of consequences of refusing to cooperate with civil authority, bureaucratization of the medical role, and the lack of concern for medical ethics and human rights.⁵⁰

Grodin describes medical professionals less like Hippocratic doctors and more like soldiers: they delineate themselves from an opponent, accomplish government aims, are disciplined, and above all, they follow orders, even at the cost of personal morals. His reading is supported by Evans, who also indicates the high level of discipline, loyalty, and adherence to orders demanded specifically by the children’s killing program: “Everyone involved in the program, from nurses and midwives to chemists and physicians, was required to sign loyalty oaths and vow never to speak to anyone about the killings.”⁵¹ Those who transgressed faced the Gestapo, then imprisonment or death. These measures were necessary to prevent information about the euthanasia operations from reaching the civilian population.

Medicine’s militarization is most strongly indicated, however, by how often in the course of the euthanasia killings soldiers’ and doctors’ work crossed over. According to Rotzoll, German and Polish patients in institutions were executed by SS task forces soon after the war began.⁵² These killings took place in the German provinces of East Prussia and Pomerania, and in Poland. Additionally, the SS and security service mass-murdered patients during the war in Soviet territories.⁵³ While the euthanasia killings in much of the Reich proper, Austria, and the annexed territories of Czechoslovakia and Slovenia

49 Lifton, *The Nazi Doctors*, 31.

50 Grodin, “Nazi Physicians,” 53.

51 Evans, *Forgotten Crimes*, 31.

52 Rotzoll, “Extermination Crime,” 19.

53 Ibid.

were handled by a partially state-run organization, in Eastern Europe soldiers could administer Nazi euthanasia when doctors were not available or inconvenient to rely on.⁵⁴ With these commonalities in mind, we can see that the Nazi euthanasia killings were not just dressed in war’s trappings. Rather, as Rotzoll contends, the killing “was a literal war” on the disabled and mentally ill.⁵⁵ A war that could not be waged without the militarization of medical structures and mentalities that took place before and during the Second World War.

The final known victim of Nazi euthanasia was four-year-old Richard Jenne, murdered on May 29, 1945. The US army had occupied the area for the last thirty-three days, but had not realized that Nazi-ordered killings were continuing in the hospital Jenne was admitted to.⁵⁶ In 2018, the seventy-year anniversary of the Doctor’s Trial at Nuremberg stirred new interest in the Nazi euthanasia killings. However, largely these murders are treated as a warning for future medical practitioners or as a beginning place for studying the larger concentration camp system. This essay has sought instead to illuminate the reliant relationship between the euthanasia killings and the Second World War. Primarily, Hitler used the war to divert public attention, and especially that of the religious community, away from the killings. The war also provided utilitarian arguments, further rationalizing the racist rhetoric of the killings. Finally, the killings were reliant on the militarization of the medical community, a process that synchronized doctors with the Nazi party’s ideology and created a hierarchical structure that paralleled the army. Together, these elements coincided to create soldier-doctors whose moral compunctions against doing harm did not extend to those patients the Reich had deemed unworthy of life.



54 Ibid.

55 Ibid.

56 Suzanne Ost, “Doctors and Nurses of Death: A Case Study of Eugenically Motivated Killing Under the Nazi ‘Euthanasia’ Programme,” *Liverpool Law Review* 27, no. 1 (2006), 14.

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