

CHAPTER 5

Nursing in Nazi Germany and the ‘Euthanasia’ Programmes

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Nursing is one of the supposed ‘caring professions’. The most widely recognised definition of nursing comes from Virginia Henderson, who said, ‘[t]he unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge.’²⁷³ Nursing bodies around the world have codes of ethics based on this definition and the main tenet is that ethical behaviour for all nurses centres on the human rights, well-being, dignity and autonomy of the patient, regardless of age, creed, race, culture, disability, sexual orientation, gender, nationality, class, politics.²⁷⁴ These modern day principles reflect the morals that Florence Nightingale saw as necessary for nurses—‘diligence, perseverance, observation, personal neatness, simplicity, carefulness, obedience, punctuality, honesty,

²⁷³ Virginia Henderson, *The Nature of Nursing: A Definition and its Implications for Practice, Research, and Education* (New York: Macmillan, 1966), 15.

²⁷⁴ ‘The ICN Code of Ethics for Nurses’, International Council of Nurses, 2012.

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sobriety, and having a single eye to the patient's good',²⁷⁵ and these, also, were the principles that Theodor Fliedner taught the women he trained as nurses in Germany before Nightingale.²⁷⁶

Nonetheless, nurses have been involved in crimes against humanity. These have ranged from nurses who killed patients suffering from mental illness, such as in Great Britain in 1991,²⁷⁷ to active participation in large scale genocide, for example in Rwanda in 1994.²⁷⁸ The aim of this essay is to examine the role of the nursing profession in Nazi 'euthanasia' programmes in Germany during the Third Reich. We describe nursing in Nazi Germany and explain its theoretical underpinnings, including how it became part of the racial hygiene machine. It is important to understand that only a minority of nurses became actively involved—most nurses at the time performed their duties as nurses by looking after the sick and providing care to those in need. It is equally important to understand that the nurses, although clearly influenced by Nazi propaganda, often participated in murder of their own free will. In some instances, if a nurse refused to participate, he or she was transferred to another ward or unit, or to another hospital, but suffered no more severe repercussions. Much is known about the role doctors played in the killings of patients, but the role of nurses, who made up the largest proportion of the workforce in any hospital, has not been well studied. It was only in the 1980s that a German nurse and historian, Hilde Steppe, began a discourse on nurses at Hadamar Psychiatric Hospital. Since then others have begun to examine how nurses became involved in the genocide of the disabled and mentally ill.

A framework for killing

In 1920, a book was published entitled *Die Freigabe der Vernichtung lebensunwerten Lebens* (*The Sanctioning of the Destruction of Lives Unworthy to be Lived*).²⁷⁹ The authors, Alfred Hoche (1865–1943), Professor of Psychiatry at the University of Freiburg, and Karl Binding (1841–1920), a German judge and former president of the *Reichsgericht*, the highest criminal court in

²⁷⁵ Stephanie Hoyt, 'Ethical Competence: An Integrative Review', *Nursing Ethics* 25, no. 6 (2016): 694–706.

²⁷⁶ Thomas Foth, Jochen Kuhla, and Susan Benedict, 'Nursing during National Socialism' in *Nurses and Midwives in Nazi Germany: The 'Euthanasia' Program*, eds. Susan Benedict and Linda Shields (London: Routledge, 2014), 30.

²⁷⁷ Cecil Clothier, *The Allitt Inquiry: Independent Inquiry Relating to Deaths and Injuries on the Children's Ward at Grantham and Kesteven General Hospital during the Period February to April 1991* (London: HMSO, 1994).

²⁷⁸ *Rwanda: Not So Innocent: When Women Became Killers* (Kigali: African Rights, 1995), 128–29.

²⁷⁹ Karl Binding and Alfred Hoche, *Die Freigabe der Vernichtung lebensunwerten Lebens* (Leipzig: Verlag von Felix Meiner, 1920).

Germany,²⁸⁰ advocated the killing of people who were 'mentally ill or mentally defective'. They believed that the right to live should be earned and justifiable in light of contribution to humanity, and that those who had no capacity for human feeling were living lives not worth living. Hoche and Binding declared that it would be humane to kill such people.²⁸¹

Soon after the publication of this book, at a Nazi party rally held in Nuremberg on 5 August 1929, Adolf Hitler stated the following and laid out his plans for the future:

If Germany was to get a million children a year and was to remove 700,000–800,000 of the weakest people, then the final result might even be an increase in strength. ... As a result of our modern sentimental humanitarianism we are trying to maintain the weak at the expense of the healthy ... even cretins are able to procreate while more healthy people refrain from doing so. ... Criminals have the opportunity of procreating, degenerates are raised artificially and with difficulty. And in this way we are gradually breeding the weak and killing off the strong.²⁸²

People with mental or physical disabilities were viewed as detrimental to the health of the race. Propaganda posters portrayed the financial burden placed upon all Germans by the disabled. Films were shown in cinemas to promote 'euthanasia'.²⁸³ These were intended to criminalise, degrade and dehumanise the mentally and physically disabled.²⁸⁴ Such films were made for general consumption, always with the aim of socialising people into the acceptance of the killings as 'euthanasia'. Objections were raised by both Catholic and Protestant church leaders, some of whom tried to stop parishioners from seeing the films.²⁸⁵

Propaganda was wider than the cinema, however. Children's school exercise books contained examples of how much 'useless eaters' cost the nation; posters were displayed showing the 'burden' of caring for people with disabilities.²⁸⁶

²⁸⁰ Jeremy Noakes and Geoffrey Pridham, eds., *Nazism 1919–1945, Volume 3: Foreign Policy, War and Racial Extermination: A Documentary Reader* (Exeter: University of Exeter Press, 1983).

²⁸¹ Robert Proctor, *Racial Hygiene: Medicine Under the Nazis* (Cambridge, Mass: Harvard University Press, 1988).

²⁸² Noakes and Pridham, *Nazism 1919–1945*, 1002.

²⁸³ The term 'euthanasia' is a misnomer. The word means 'a good death' and there was nothing good about these Nazi programmes. Hence the convention—followed here—when discussing Nazi 'euthanasia', inverted commas are used.

²⁸⁴ Michael Burleigh, *Death and Deliverance: 'Euthanasia' in Germany 1900–1945* (Cambridge: Cambridge University Press, 1994).

²⁸⁵ Erwin Leiser, *Nazi Cinema*, trans. Gertrud Mander and David Wilson (New York: Collier Books, 1974).

²⁸⁶ Burleigh, *Death and Deliverance*, 183.

Children were taken on school trips to institutions for the disabled. There they were told to observe the patients and see how much they were suffering, and to consider the benefits if Germany did not have to support such a burden. Adults could join guided excursions to psychiatric hospitals and this augmented public pity and loathing of those with mental disabilities.

It was not only those with mental illnesses, but also the elderly and people with serious illnesses who were considered a burden, and as the war progressed, even badly wounded soldiers were considered encumbrances on the state.²⁸⁷

In July 1933, the Law for the Prevention of Offspring with Hereditary Diseases was passed, stating, 'Any person suffering from a hereditary disease can be sterilised if medical knowledge indicates that his offspring will suffer from severe hereditary physical or mental damage.'²⁸⁸ Among the stipulated conditions were 'feeble-mindedness, schizophrenia, bipolar conditions, hereditary epilepsy, Huntington's chorea, hereditary blindness and deafness, severe hereditary physical deformity or severe alcoholism on a discretionary basis.'²⁸⁹ Individuals who had one of these conditions could apply for sterilisation, or if they were inpatients or prisoners, the administrator of the facility could apply on their behalf.

Hereditary health courts were formed to hear the cases. The courts comprised one judge, one public health service physician and one physician with knowledge of genetics and heredity. If the court decided in favour, surgical sterilisation could be carried out without the consent of the individual.²⁹⁰ Between 1934 and 1936, approximately 170,000 surgical sterilisations were undertaken with the greatest number being for 'feeble-mindedness', a vague category that could apply to ever-greater numbers of victims.²⁹¹

In September 1935, the Nuremberg Laws (Reich Citizenship Law, and the Law for the Protection of German Blood and German Honour) were enacted. The first law forbade Jews to marry or have sexual relations with non-Jews.²⁹² One month later, a similar law was passed against the disabled: the Law for the Protection of the Hereditary Health of the German Nation, or the so-called Marriage Health Law. This law required couples to obtain a Marriage Fitness Certificate indicating that there were no hereditary or contagious conditions.²⁹³

It soon became apparent to the Nazi administrators that limiting marriages and forcing sterilisations were insufficient to rid the Reich of the 'undesirable'

²⁸⁷ Friedlander, *Origins of Nazi*, 81; *Trial Transcript of Hans Joachim Becker and Friedrich Robert Lorent, May 27 1970*, trans. Traute Lafrenz (Vienna: Dokumentationsarchiv des österreichischen Widerstandes), 716, 718.

²⁸⁸ Friedlander, *Origins of Nazi*, 25, 26.

²⁸⁹ *Ibid.*, 26.

²⁹⁰ *Ibid.*

²⁹¹ *Ibid.*, 28.

²⁹² *Ibid.*, 31.

²⁹³ *Ibid.*

segments of the disabled and 'inferior' races. Thus, in September 1939, a plan to kill institutionalised disabled people was implemented under the name of 'euthanasia' and doctors were granted permission (though not required) to end the lives of their patients. It is also important to note that such acts were never passed into legislation.²⁹⁴ Hitler was initially concerned about a possible backlash from church leaders and the community, and so did not publicly advocate killing the disabled until the war had begun, at which time he anticipated a change in community sentiment with the deaths of German soldiers. He could also promote the 'euthanasia' programme as saving valuable resources for the war effort.²⁹⁵

Eugenics and 'euthanasia'

Germany, like multiple other nations, embraced the pseudo-science of eugenics in the late 1800s and into the 1900s. Eugenics, or 'racial hygiene' as it was known in Germany, was based on the belief that many 'undesirable' characteristics could be eliminated from societies by the breeding of only healthy citizens. Against the backdrop of eugenics, the 'Aryan' race became the exemplar of a healthy German while those not fitting this model were viewed as 'inferior races'. Among these were the Jews, primarily, as well as Roma and Sinti ('Gypsies'), Blacks and Slavs.²⁹⁶ Similarly, institutionalised people with disabilities were regarded as contaminants of race and an economic burden. They were labelled as 'useless eaters' and 'life unworthy of life',²⁹⁷ draining resources from the already financially desperate Germany, and hazardous to the health of the German *Volk*. Approximately 300,000 people were murdered under the 'euthanasia' programmes,²⁹⁸ 70,000 of whom were patients in psychiatric hospitals.²⁹⁹ The Nazis' first programme of planned, industrialised killing was called *Aktion T4* because its headquarters was

²⁹⁴ Proctor, *Racial Hygiene*, 193.

²⁹⁵ *Trial Transcript of Hans Joachim*, 719.

²⁹⁶ Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press, 1995), 3, 10, 11.

²⁹⁷ Michael Burleigh, *Death and Deliverance, Euthanasia in Germany 1900–1945* (London: Pan Books, 1994), 12–46.

²⁹⁸ Heinz Faulstich, 'Die Zahl der 'Euthanasie'-Opfer', in *'Euthanasie' und die aktuelle Sterbehilfe-Debatte. Die historischen Hintergründe medizinischer Ethik*, eds. Andreas Frewer and Clemens Eickhoff (Frankfurt: 2000), 218–34; Zdzisław Jaroszewski, *Die Ermordung der Geisteskranken in Polen 1939–1945* (Warsaw: Wydawnictwo Naukowe PWN, 1993).

²⁹⁹ Linda Shields and Thomas Foth, 'Setting the Scene', in *Nurses and Midwives in Nazi Germany: The 'Euthanasia' Program*, eds. Susan Benedict and Linda Shields (London: Routledge, 2014), 7.

based at *Tiergartenstraße 4* in Berlin. Disabled people, and those with mental illnesses, were killed in their hospitals and nursing homes. Protests from the public, led largely by Bishop Clemens August Graf von Galen, meant interruptions in the programmes,³⁰⁰ yet they continued on an individual basis until well after World War Two ended, when disabled children continued to be murdered in special paediatric wards (*Kinderfachabteilungen*), ‘hunger houses’ (*Hungerhäuser*) and specialised asylums.³⁰¹ Across all programmes, nurses routinely assisted in killing their patients in their everyday practice.³⁰² Nurses actively and intentionally killed thousands of their most vulnerable patients.

Nurses were essential to the implementation of Nazi ‘euthanasia.’ Nurses often had a choice about whether or not to participate, although putative duress was indeed present. In a number of instances, some nurses who refused to take part were moved to another ward of the hospital, or simply were not asked by their supervisors to take part; there are also accounts of doctors and nurses who were coerced to carry out the killings despite repeatedly asking to be transferred.

Nurses were just as susceptible to Nazi propaganda as any other part of the German community, and nursing education included substantial teaching about those who were ‘life unworthy of life,’ ‘useless feeders’ and the benefits of ‘euthanasia.’ While this cannot excuse those who murdered their patients, nor the bystanders, it perhaps goes some way to an understanding of how they came to believe that such intentional murder was, aside from being mandated by the government, humane and moral.

The children’s ‘euthanasia’ programme

‘Euthanasia’ started with children. In early 1939, the father of a child named Gerhard Herbert Kretschmar who was born blind, missing one leg and part of an arm, and ‘seemed to be an idiot,’³⁰³ wrote to Adolf Hitler to ask if his child could be killed in the interest of ‘mercy.’ Hitler ordered Dr Karl Brandt to inform the child’s doctors, in Hitler’s name, that they could ‘euthanise’ the boy,³⁰⁴ making him the first known victim of the Nazi ‘euthanasia’ programme.³⁰⁵

³⁰⁰ Susan Benedict, Alison O’Donnell, and Linda Shields, ‘Children’s ‘Euthanasia’ in Nazi Germany’, *Journal of Paediatric Nursing* 24 (2009): 506–16.

³⁰¹ Heinz Faulstich, *Hungersterben in der Psychiatrie 1914–1949: Mit einer Topographie der NS-Psychiatrie* (Freiburg: Lambertus, 1998).

³⁰² Foth, Kuhla, and Benedict, ‘Nursing during’, 28.

³⁰³ Ulf Schmidt, *Karl Brandt: The Nazi Doctor* (London: Hambledon Continuum, 2007), 117–23.

³⁰⁴ *Ibid.*

³⁰⁵ Patricia Heberer, “Exitus Heute in Hadamar”: The Hadamar Facility and “Euthanasia” in Nazi Germany’ (PhD dissertation, University of Maryland, 2001).

Subsequent requests for 'euthanasia' were dealt with at the *Kanzlei des Führer* (Chancellery of the Führer) and kept secret in the interests of the state. Children's 'euthanasia' was hidden under the title of 'The Reich Committee for the Scientific Registration of Serious Hereditary-and Congenitally based Illnesses' (*Reichsausschuss zur wissenschaftlichen Erfassung von erb-und anlagebedingten schweren Leiden*), or 'Reich Committee'.³⁰⁶ One of its goals was to find newborns with health conditions or developmental issues and to initiate their killing, as well as that of children with disabilities who were already institution-alised.³⁰⁷ Community health nurses played a significant role in this phase of the children's 'euthanasia' programme.

Midwives as well as nurses became involved in 'euthanasia'. On 18 August 1939, the State Ministry of the Interior mandated that doctors and midwives report all newborn infants with physical and/or mental disabilities:

RE: The duty to report deformed births etc.

In order to clarify scientific questions in the field of congenital deformities and intellectual under-development, it is necessary to register the relevant cases as soon as possible ... therefore instruct that the midwife who has assisted at the birth of a child—even in cases where a doctor has been called to the confinement—must make a report to the health Office nearest to the birth place on the enclosed form, which is available from Health Offices, in the event of the new-born child being suspected of suffering from the following congenital defects:

- i. Idiocy and Mongolism (particularly cases which involve blindness and deafness).
- ii. Microcephalie (sic) (an abnormally small skull).
- iii. Hydrocephalus of a serious or progressive nature (abnormally large skull caused by excessive fluid).
- iv. Deformities of every kind, in particular the absence of limbs, spina bifida etc.
- v. Paralysis including Little's disease (spastics).

In addition, all doctors must report children who are suffering from one of the complaints in (i–v) and have not reached their third birthday in the event of the doctors becoming aware of such children in the course of their professional duties.

The midwife will receive a fee of 2 *Reichmarks* in return for her trouble. The sum will be paid by the Health Office.³⁰⁸

³⁰⁶ *Trial Transcript of Hans Joachim*, 721.

³⁰⁷ *Hessisches hauptstaatsarchiv*. Wiesbaden, file 461/32061/23.

³⁰⁸ Noakes and Pridham, *Nazism 1919–1945*, 1006–7.

Reports received from doctors and midwives were reviewed by medical examiners: Professor Hans Heinze (Director of the psychiatric facility at Brandenburg-Gorden), Professor Werner Catel (Director of the University Paediatrics Clinic in Leipzig) and Dr Ernst Wentzler (a paediatrician and director of a private clinic in Berlin). These doctors evaluated the infants' health purely from written reports and never examined the children themselves. If the child was to be killed, the doctor wrote a '+' on the form, or '-' if the child was to be allowed to live. Parents of disabled children were informed that paediatric units were being established and were persuaded to allow their children to be sent to the institutions, where, the parents were assured, the child would receive the very best of care. There were 22 of these institutions.³⁰⁹ Parents could refuse, but had to sign a form stating that they took full responsibility for the child, no matter what their circumstances. If, for example, a mother was called away for war work and the father was already serving in the armed forces, the family had no choice but to place the child in one of the institutions,³¹⁰ thereby giving all responsibility to the state. It is unlikely that any of these children were ever returned to their homes or transferred to an ordinary hospital.³¹¹

Many disabled children removed from their homes became victims of Nazi medical experiments and research. Doctors and scientists performed experiments without consent or ethical considerations of any kind, and the effects could be immediately evaluated by killing the child and dissecting the child's body. Children exhibiting neurological disorders were murdered and their brains retained at institutions such as Am Spiegelgrund, even well into the twenty-first century.³¹² Some children were starved to death while others were given drugs such as Luminal (phenobarbital), either mixed with their food or on their own. Others were killed by injections of morphine and scopolamine.³¹³ The nurses working in the wards where the killings took place received a supplemental payment of 25 *Reichmarks* per month, and the doctors could receive bonuses of 250 *Reichmarks* at Christmas.³¹⁴ Approximately 3,000 to 5,000 children were killed by nurses and doctors in the children's 'euthanasia' programme,³¹⁵ though accurate numbers are difficult to determine.

³⁰⁹ Friedlander, *Origins of Nazi*, 47.

³¹⁰ Noakes and Pridham, *Nazism 1919–1945*, 1007.

³¹¹ Gitta Sereny, *Into that Darkness: an Examination of Conscience* (New York: Vintage Books, 1974), 55.

³¹² Paul Weindling, 'From Scientific Object to Commemorated Victim: The Children of the *Spiegelgrund*', *History and Philosophy of the Life Sciences* 3 (2013): 415–30.

³¹³ Burleigh, *Death and Deliverance*, 102.

³¹⁴ *Ibid.*, 105.

³¹⁵ *Trial Transcript of Hans Joachim*, 721.

The adult 'euthanasia' programmes

In August 1939, Hitler ordered expansion of the 'euthanasia' programme to include adults with physical and/or mental conditions and illnesses, and the programme was to begin in secret.³¹⁶ The question of a written law permitting the killings arose among Nazi functionaries.³¹⁷ Viktor Brack reported that Hitler did not want to the programmes enshrined in law in case it could be used as propaganda by his enemies.³¹⁸ However, as Führer and Reichschancellor, Hitler was able to issue 'Führer orders' (*Führermanifest*'), which were similar in effect to laws. Several doctors continued to draft legislation permitting 'euthanasia'. Each draft was shown to Hitler and he eventually signed the following in October 1939, backdating it to coincide with the invasion of Poland and the start of the war:³¹⁹

Berlin 1 September 1939

Reichsleiter Bouhler and Dr med. Brandt

Are charged with the responsibility to extend the authorization of certain doctors designated by name in order to treat patients who must be considered incurable on the basis of human judgment, may be granted the mercy death after a critical evaluation of their illness.

Signed: Adolf Hitler.³²⁰

During October 1939, psychiatric institutions and hospitals that cared for patients with epilepsy, developmental disabilities and other conditions, were required to complete questionnaires.³²¹ *Meldebogen* (questionnaire) I was used to describe individual patients, and *Meldebogen* II assessed the institution itself. *Meldebogen* I included, among other questions, the patient's diagnosis, probability of recovery, possibility of discharge, war-related injuries and work ability. Some questionnaires were incompletely filled out or were inaccurately completed because they were believed to be routine surveys. Other doctors were concerned that the purpose of the questionnaire was to remove patients capable of work and thus described patients as more disabled than they actually were. Some were rightly suspicious that the questionnaires would be used to inform a plan to kill the patients, and refused to complete the questionnaires.³²² The result was a commission of doctors sympathetic to the 'euthanasia' cause being sent to those hospitals whose compliance was lacking. Some institutional

³¹⁶ Noakes and Pridham, *Nazism 1919–1945*, 1007–9.

³¹⁷ *Trial Transcript of Hans Joachim*, 721.

³¹⁸ *Ibid.*, 722.

³¹⁹ Burleigh, *Death and Deliverance*, 112.

³²⁰ *Trial Transcript of Hans Joachim*, 722.

³²¹ *Ibid.*, 730.

³²² *Ibid.*, 734.

doctors and administrators resisted and complained about the competence of the commission. The Director of Neuendettelsau hospital, Dr Rudolf Boeckh, complained about the commission's visit on 7 November 1940:

Contrary to the instructions of the Bavarian State Ministry, the commission completed several hundred of these forms and sent them off to Berlin without the presence of the senior doctor responsible for the asylums. ... The commission did not examine a single one of the 1,800 patients. The majority of the patients are not in Neuendettelsau but in branch asylums distributed all over northern Bavaria. Thus, the commission was incapable of forming its own judgment of the situation. ... Only the nurses were questioned ... and their objections were largely ignored. Indeed, it was even observed that the opposite of the true statements of the nursing personnel were recorded on the forms. The staff who composed the commission cannot really be blamed since the majority were medical students and typists who were completely incapable of properly assessing the statements of the nursing staff. The senior doctor on the commission, who worked in a separate room on his own, received the forms that had been completed by the assistants and then gave his judgment without any personal knowledge of the individual cases and without looking at the medical records.

As the doctor responsible for the asylums I protest against this unprofessional method of working by the commission which goes against all the traditions of the medical profession. ... In view of the fact that the public is aware of the ultimate objectives of this registration of the patients, I have been burdened with a grave responsibility as the senior doctor responsible for these institutions.³²³

Completed questionnaires were sent to the T4 central office where they were recorded on a card register with copies sent to various functionaries in the system.³²⁴ In the beginning, fewer than ten doctors evaluated the questionnaires, but as the workload grew, 30 to 40 were employed. The evaluators decided if the patient was to live or die and marked a red '+' if the patient was to die, a blue '-' to live, and a '?' or a 'Z' for undecided. These decisions were reviewed by the chief evaluators, Drs Heyde, Nitsche and Linden, who indicated a confirmation of the decision. Approximately 200,000 questionnaires were processed by August 1941.³²⁵

At a meeting held on 9 October 1939, the following calculation of the number of patients to eventually be killed was presented by Brack:

³²³ Noakes and Pridham, *Nazism 1919–1945*, 1015–6.

³²⁴ *Trial Transcript of Hans Joachim*, 735–36.

³²⁵ *Ibid.*, 736.

The number is arrived at through a calculation on the basis of a ratio of 1000:10:5:1. That means out of 1,000 people ten require psychiatric treatment; of these five in residential form. And, of these, one patient will come under the programme. If one applies this to the population of the Greater German Reich, then one must reckon with 65,000 to 75,000 cases.³²⁶

Much planning went into how the victims were to be killed. Several doctors were involved in discussions about the most efficient methods and how they would be operationalised.³²⁷ Suggestions included substances such as morphine, scopolamine, prussic acid and carbon monoxide. A chemical engineer, Dr Widmann, suggested that carbon monoxide could be pumped into the wards while the patients slept.³²⁸ Hermetically sealed vans into which exhaust gases were pumped, and gas chambers at selected psychiatric hospitals were eventually developed, becoming the prototype for the factory-style murders of the 'Final Solution of the Jewish Question'.³²⁹ A complicated system of transfers and transport between institutions was set up to make the process less detectable.³³⁰ During its initial phases, patients were taken by bus or train directly to a killing centre but in late 1940, patients were first transferred to intermediate institutions and then, within a few days, to a killing institution.³³¹ This phase of the 'euthanasia' programme was known as T4.³³²

Six institutions served as killing centres for adults although not all were operational at the same time. The first was located in an abandoned prison in Brandenburg, an hour from Berlin.³³³ A tiled room measuring three by five metres and three metres high was built as a gas chamber. A pipe with small holes fed carbon monoxide from tanks into the room. Two crematoria were built to dispose of the bodies.³³⁴ The first patient was killed on 4 January 1940. Nurses were an integral part of the system:

For this first gassing, about 18–20 people were led into the 'shower room' by the nursing staff. These men had to undress in an anteroom until they were completely naked. The doors were shut behind them. These people went quietly into the room and showed no signs of being upset. Dr Widmann operated the gas. I could see through the peephole

³²⁶ Noakes and Pridham, *Nazism 1919–1945*, 1010.

³²⁷ *Trial Transcript of Hans Joachim*, 737.

³²⁸ Noakes and Pridham, *Nazism 1919–1945*, 1919.

³²⁹ *Ibid.*, 1020.

³³⁰ *Trial Transcript of Hans Joachim*, 740.

³³¹ Friedlander, *Origins of Nazi*, 108.

³³² *Ibid.*, 68.

³³³ *Ibid.*, 88.

³³⁴ *Ibid.*, 87.

that after about a minute the people had collapsed or lay on the benches. There were no scenes and no disorder. After a further five minutes the room was ventilated. Specially assigned SS people collected the dead on special stretchers and took them to the crematoria. When I say special stretchers I mean stretchers specially constructed for this purpose. They could be placed directly in the ovens and the corpses could be pushed into the oven mechanically by means of a device without the people carrying them coming into contact with the corpse.³³⁵

Brandenburg was closed in September 1940 because of problems with body disposal and thereafter, patients were sent to Bernburg,³³⁶ used as a killing site until spring of 1943. Brandenburg is still a major centre for the treatment of mental illnesses.

Grafeneck, a medieval castle of the Dukes of Württemberg, was a Protestant hospital for people with disabilities. It was closed and then re-opened as a state institution, and became a killing centre from January until December 1940. A coach house that was part of the castle complex was used for the killings.³³⁷ Grafeneck was closed after the public became aware of the killings there,³³⁸ and the patients transferred to another psychiatric hospital at Hadamar. In addition, the staff who were trained in the killing techniques moved to Hadamar.

Another killing centre opened at Hartheim, a Renaissance castle of the Prince of Starhemberg near Linz in Austria. It, too, was a hospital for the mentally ill.³³⁹ Killings by gas occurred between May 1940 and December 1944.³⁴⁰ Patients with disabilities came from Austria, Germany, Czechoslovakia and Yugoslavia, and because of its proximity to Mauthausen and Dachau, prisoners from these concentration camps who became too ill or debilitated to work were killed at Hartheim under the 14f13 programme.³⁴¹

Aktion 14f13 or '*Sonderbehandlung*' ('special treatment') was a particularly nefarious programme of specific killing of those already incarcerated in concentration camps who were sick, disabled or exhausted from overwork. The techniques and skills developed in T4 were employed in the gas chambers at Hartheim, Bernberg and Sonnenstein where the prisoners were sent for efficient disposal. This occurred between 1941 and 1944, by which time the T4 programme had officially ceased and the gas chambers were no longer in use (the patients continued to be killed using methods other than gas). Hartheim

³³⁵ Noakes and Pridham, *Nazism 1919–1945*, 1019–20.

³³⁶ Heberer, "Exitus Heute", 140.

³³⁷ *Ibid.*, 137.

³³⁸ Friedlander, *Origins of Nazi*, 108.

³³⁹ Heberer, "Exitus Heute", 137.

³⁴⁰ *Ibid.*, 138.

³⁴¹ *Ibid.*

was staffed by two doctors and 14 nurses (seven males and seven females).³⁴² There were some exemptions from the killings—those who were diagnosed as being senile, war veterans, mothers who had been awarded the *Mutterkreuz* (the Nazi medal awarded to mothers of more than four or more children), and relations of staff who worked in the T4 programme.³⁴³

Sonnenstein, near Dresden, also served as a T4 killing site from June 1940 and until mid-1943.³⁴⁴ This was the only institution where other parts of the hospital operated simultaneously with the killing centre. The killing facility and living quarters for T4 staff were located in three buildings beside the perimeter of the hospital, while the other building was a functioning psychiatric hospital called Mariaheim.³⁴⁵ Hadamar was the biggest of the killing institutions and is perhaps the best studied and understood. As with the other sites, it was a psychiatric hospital, and continues to be so today.

Nurses and adult 'euthanasia'

While nurses worked at all the killing centres, those employed at Hadamar were from two groups: some were already employed at Hadamar, while others were recruited to the work in the killing centre by the T4 central administration in Berlin. Many had been employed at Grafeneck from January until December 1940 and hence were experienced in the killing process.

Post-war trial interviews of the nurses reveal little pressure on them to participate in the killings. Nurses were usually referred by doctors or administrators to T4 as being potential candidates for the programme. Pauline Kneissler, a nurse from Grafeneck and Hadamar, described the process in which T4 administrators Werner Blankenburg and Gerhard Bohne informed a handful of young nurses that a new secret government programme was being initiated:

[We were told that] every creature should be allowed a merciful death. This certainly made sense to me, although on the other hand, I was irritated that it should be I who was asked to do this. I would have preferred to act as a Red Cross nurse. ... I was asked if I wanted to participate. Whoever didn't agree could back out ...³⁴⁶

Kneissler felt that she was under a certain 'voluntary compulsion': 'We received a few minutes to think about things. Herr Blankenburg had left the room during this time. ... We didn't discuss the matter further amongst ourselves. No

³⁴² Sereny, *Into that Darkness*, 54.

³⁴³ *Ibid.*, 55.

³⁴⁴ *Trial Transcript of Hans Joachim*, 738.

³⁴⁵ Heberer, "Exitus Heute", 139.

³⁴⁶ *Ibid.*, 222–3.

one said that she couldn't do it.³⁴⁷ The nurses were then sworn to an oath of silence and Blankenburg assured them that the doctors would be responsible for their actions; 'We didn't feel very good about it but had no moral reservations.'³⁴⁸

Initially, the nurses' work consisted of preparing the patients for transport and accompanying them on buses from their home institutions to the killing facility. When the buses arrived at the killing centre, nurses helped the patients undress, took them to be 'examined' by the doctor, to have photographs taken and then to the waiting room and finally the gas chamber.³⁴⁹

It was not just in psychiatric hospitals in Germany and Austria that the killing of mentally ill people occurred. Patients from institutions in Danzig, eastern Prussia, Upper Silesia, and Poland were shot by the Nazis as the army moved through Eastern Europe. Psychiatric hospitals were cleared of their patients and the hospitals used as barracks for soldiers. A Polish bulletin entitled *Biuletyn Głównej Komisji Badania Zbrodni Niemieckich w Polsce* describes:

The patients were generally taken out of the institution, brought to an unpopulated area and there shot. All traces of the annihilation were carefully covered up. At other times the patients were gassed in special motorcars. In very few cases were they brought to an extermination camp.³⁵⁰

Trial documents reveal that a *Schutzstaffel* (SS) unit met trains carrying patients from psychiatric hospitals in Pomerania and took them to secluded woods where they were shot. Twelve Polish prisoners from Camp Stutthof were made to dig burial pits for the patients and they, in turn, were also shot.³⁵¹ Victims included elderly people who were considered a burden on the state. From testimony of the trial of Dr Georg Renno in 1962, Anna Stosik, a caregiver at a nursing home stated:

I was sent to Tiegenhof [a town in Poland] (1942 or 1943). One day in Tiegenhof we admitted several older people from an old folks' home in Posen. They were not mentally ill, only old. After two or three weeks,

³⁴⁷ Antje Wettlaufer, "Die Beteiligung von Schwestern und Pflegern an den Morden in Hadamar" in *Psychiatrie in Faschismus: Der Anstalt Hadamar, 1933–1945*, eds. Dorothee Roer and Dieter Henkel (Bonn: Psychiatrie-Verlag, 1986), 283–330.

³⁴⁸ *Ibid.*

³⁴⁹ Heberer, "Exitus Heute", 236–7.

³⁵⁰ *Biuletyn Głównej Komisji Badania Zbrodni Niemieckich w Polsce* (Poznań: Wydawn, Komisji, 1946–1949).

³⁵¹ 'Statement Against Grabowski, March 27, 1961' (Ludwigsburg: Zentrale Stelle der Landesjustizverwaltungen, 1961); A. Stosik, 1962. Statement. File no. 33.029/5. November 12. *Staatsarchiv München*. Munich, Germany.

they were picked up by the SS in special buses that were absolutely airtight. I asked one of the SS men why they were built that way. He asked why I was interested and I said I was a caregiver and just interested. He told me to mind my own business and that I had better get out of his sight. I still did not quite know what all this was about but I had a real bad feeling and from that day I tried to get away from my job as caregiver.

There was another group of patients picked up in these airtight vehicles. Maybe two more times but I cannot state how many patients and if they were severely ill or not. I remember that the patients fought and screamed when they were loaded on these buses.

I remember two older women from the home in Posen who went to a window saying, 'Come on, let us see God's sun one more time' before they were loaded on those buses. Did they know that this was a trip to their death?

For me it was now clear what would happen to those loaded into those buses. They were scantily dressed and without any provisions or luggage. There were no seats in the bus, only some straw on the floor. The first patients were bedded on the straw and the rest were just pushed in, falling or standing.³⁵²

Severely wounded soldiers were killed as well, sometimes by gassing. For example, a train returning soldiers wounded in Russia was stopped in a tunnel. According to Professor André Balser, a doctor from Switzerland:

The whole staff, conductors, nurses accompanying soldiers, etcetera, were summoned by the train commander, and were told to put on their gas masks and not to take them off before a special 'air clear' signal would be given.

... [When] Balser asked the commander, 'What about the wounded?' he was told 'Don't you know that they are in gas-proof compartments?'³⁵³

All the wounded men died. Rumours in Germany suggested that wounded soldiers were purposely being killed so they would not have to be transported home, but radio broadcasts tried to counteract such rumours.³⁵⁴

³⁵² A. Stosik. 1962. Statement. File no. 33.029/5. November 12. *Staatsarchiv München*. Munich, Germany.

³⁵³ 'Wounded Nazis Fear Own Doctors Will Kill Them', *Evening Standard*, July 31, 1942.

³⁵⁴ *Ibid.*

T4 was officially stopped in August 1941 due to public awareness and protests. Much of the resistance came from churches and clergy, such as the Catholic Bishop of Münster, August Claus von Galen, who spoke out about the Nazi ‘euthanasia’ programme.³⁵⁵ Nonetheless, the killings continued on an individual basis (known as Wild or Decentralised ‘Euthanasia’). Doctors ordered that disabled patients be murdered by means other than gassing, and nurses carried out their orders—giving drug overdoses, starving their patients to death and leaving them out in cold weather to die of hypothermia.

‘Euthanasia’ as a template for the Final Solution

At the end of 1941 and early 1942, some of the men who worked in T4, including male nurses and caregivers, were moved to Lublin.³⁵⁶ These men were experienced in the killing techniques developed in T4; in particular, they had knowledge of the gassing method. In other words, T4 was the site of the development of prototypes of the mass murder techniques so effectively employed in the death camps. This programme was known as *Aktion Reinhard*. The men involved were in the SS or soon joined it—but they remained under the management of T4, and were able to take advantage of the many perks available to T4 employees, such as holidays in the ‘euthanasia’ programme’s rest and recreation facilities at the Attersee Lake in Austria.³⁵⁷ Many of the guards were Ukrainian, recruited into *Aktion Reinhard* by T4 personnel, and the SS staff numbered from 20 to 25 at each of the death camps.³⁵⁸

Only male nurses participated in *Aktion Reinhard*, although it is hard to find recorded reasons why women were excluded.³⁵⁹ The work of nurses and caregivers in the death camps was the very antithesis of nursing care. Not only did they kill their patients, they did so under the most brutal and inhumane conditions with no recourse to the compassion that is supposed to predicate nursing. At least three of them, Karl Schluch and Heinrich Unverhau of Belzec, and Heinrich Arthur Matthes of Treblinka, returned to nursing after the war.³⁶⁰

Wild or decentralised ‘euthanasia’

Under ‘Wild Euthanasia’, institutionalised patients were selected by doctors for death, largely based upon their ability to work, an essential part of psychiatric

³⁵⁵ Burleigh, *Death and Deliverance*, 171.

³⁵⁶ Yitzhak Arad, *Belzec, Sobibor, Treblinka: The Operation Reinhard Death Camps* (Bloomington: Indiana University Press, 1999), 12.

³⁵⁷ *Ibid.*, 17.

³⁵⁸ *Ibid.*, 193.

³⁵⁹ Sereny, *Into that Darkness*, 86.

³⁶⁰ www.deathcamps.org/treblinka/perpetrators.html.

care during that era. Psychiatric institutions were severely overcrowded and underfunded. They were expected to be largely self-sufficient by maintaining vegetable gardens, repairing their own clothing and linens and raising rabbits. Patients who were able to contribute even minimally to the ongoing labour of the institution were initially spared from 'wild euthanasia'. Patients who were totally dependent were the first to be killed in this phase of the 'euthanasia' programme.³⁶¹

Unlike the T4 programme in which the nurses facilitated the process by escorting patients, nurses were active killers in the 'wild euthanasia' programme.³⁶² Doctors typically designated the patients to be killed, often with input from the nurses, but it was up to the nurses to murder the patients. These murders were done with lethal doses of oral sedatives such as Luminal or with injections of morphine and scopolamine, or a combination of all three. More patients were killed in the 'wild euthanasia' programme than in the T4 programme.³⁶³

A particularly egregious institution of the 'wild euthanasia' programme was Kaufbeuren in Bavaria, only 95 kilometres from Munich. Although the war had officially ended, the killings at Kaufbeuren continued less than half a mile from the US military police headquarters.³⁶⁴ In April 1945, the American Army occupied Kaufbeuren, but the killings continued at the hospital for another 33 days.³⁶⁵ In July 1945, the Americans heard that the hospital needed investigating, and two Public Health Section officers and 18 soldiers visited the institution, despite road signs in English saying the place was a 'lunatic asylum' and off-limits. Kaufbeuren Hospital was large—it housed over 3,000 people in what was once a baroque monastery. On asking to see the doctor in charge the Americans were informed that he had suicided the previous day. The hospital morgue contained bodies of the most recently killed. The adult patients weighed between 26 and 33 kilograms; and a 10-year-old child weighed only 10 kilograms.³⁶⁶ The distressed American personnel volunteered to serve on the squad which would, they felt, be needed to execute the hospital personnel.³⁶⁷

Documents from the 1965 trial of 14 nurses employed at one of the major 'wild euthanasia' hospitals, Meseritz-Obrawalde, and obtained from the

³⁶¹ Susan Benedict, 'Meseritz-Obrawalde: A Site for "Wild Euthanasia"', in *Nurses and Midwives in Nazi Germany: The 'Euthanasia' Program*, eds. Susan Benedict and Linda Shields (London: Routledge, 2014), 105.

³⁶² *Ibid.*, 105–39.

³⁶³ Friedlander, *Origins of Nazi*, 151.

³⁶⁴ Susan Benedict, 'Klagenfurt: "She Killed As Part of Her Daily Duties"', in *Nurses and Midwives in Nazi Germany: The "Euthanasia" Program*, eds. Susan Benedict and Linda Shields (London: Routledge, 2014), 140–63.

³⁶⁵ 'Special Statement of Fact', Headquarters, Regional Military Government, Bavaria. *US Army File*, 1945.

³⁶⁶ *Ibid.*

³⁶⁷ 'Murder Factory Found in Bavaria', *New York Times*, July 4, 1945.

archives in Munich, have provided extensive ‘rationale’ from nurses who killed their patients.³⁶⁸ The word ‘rationale’ is in quotation marks because this testimony was provided a full 20 years after the killings, and of course there is never a ‘rationale’ for genocide. These 14 nurses not only had time to come to terms with their actions, but their lawyers had the benefit of knowing what testimonies had been effective in attaining acquittals in other ‘euthanasia’ cases. Susan Benedict and Jane Georges have explained how the characteristics so inherent in nursing philosophy at the time—duty and obedience—were factors that contributed to the nurses’ actions.³⁶⁹ Nonetheless, even though the nurses felt bound by the values of the day, they crossed boundaries that should never have been crossed when they saw killing their patients as a legitimate part of their caring role. Excuses used by defendants included: needing to keep her job because she was supporting her grandparents,³⁷⁰ afraid of losing her job³⁷¹ and being obligated to follow the orders of superiors.³⁷²

The nurses involved in the programme came to be so by varying degrees of willingness. For the T4 gassings, nurses were selected, often by doctors, based upon perceived loyalty to the ideals of National Socialism.³⁷³ These nurses were brought to the T4 Berlin headquarters, told they had been selected for a secret and important mission, informed of exactly what the mission was—the ‘euthanasia’ of the disabled in institutions—and then given a few minutes to decide.³⁷⁴ These nurses were then assigned to one of the six killing centres and often transferred from one to another. Involvement of nurses in the later phase—‘wild or decentralised euthanasia’ occurred more subtly. It was often the hospital administrators who told staff that this ‘*aktion*’ was to take place in their hospital, on particular units, and personnel assigned to those units were expected to carry out the mission.

³⁶⁸ Susan Benedict, Arthur Caplan, and Traute Lafrenz Page, ‘Duty and “Euthanasia”’: The Nurses of Meseritz-Obrawalde, *Nursing Ethics* 14 (2007): 781–94.

³⁶⁹ Susan Benedict and Jane Georges, ‘Nurses and the Sterilization Experiments of Auschwitz: A Postmodern Perspective’, *Nursing Inquiry* 13 (2006): 277–88.

³⁷⁰ M. Margarete. 1962. Testimony. File no. 33.029/4. *Staatsarchiv München*. Munich, Germany.

³⁷¹ G Anna. 1962. Testimony. File no. 33.029/2. *Staatsarchiv München*. Munich, Germany; W Martha. 1962. Testimony. File no. 33.029/2. *Staatsarchiv München*. Munich, Germany.

³⁷² B Edith. 1962. Testimony. File no. 33.029/4. *Staatsarchiv München*. Munich, Germany; D Erna. 1962. Testimony. File no. 33.029/2. *Staatsarchiv München*. Munich, Germany.

³⁷³ Susan Benedict, ‘The Medicalization of Murder: The ‘Euthanasia’ Programs’, in *Nurses and Midwives in Nazi Germany: The ‘Euthanasia’ Program*, eds. Susan Benedict and Linda Shields (London: Routledge, 2014), 71–104.

³⁷⁴ *Ibid.*

Some nurses were enthusiastic participants, whereas others were gradually drawn in. For example, a nurse's participation could have started by moving a patient into the 'killing room' or preparing the medication. Later the same nurse could have taken a more aggressive role, such as holding the patients and forcing them to drink the lethal medications. Little is known about nurses who refused to participate because they were not defendants in post-war trials. Some nurses requested transfers, some quit their jobs and others became pregnant so as to be excused from working.³⁷⁵

What happened to the nurses after the war?

Few nurses received maximum punishments for the killing of their patients. Helene Wiczorek, a nurse from the 'wild euthanasia' hospital Meseritz-Obrawalde, along with physician Hildegard Wernicke, were arrested soon after Meseritz-Obrawalde was discovered by the Russians in January 1945. They were sentenced to death in March 1946. The head female nurse from the same hospital, Amanda Ratajczak, was given a brief trial by the Russians during which she was made to re-enact one of the killings. She and the male head nurse, Hermann Guhlke, were shot by the Russians on 10 May 1945.³⁷⁶

There were two trials that involved some of the nurses from Hadamar: the first Hadamar trial concluded in October 1945 and two male nurses, Heinrich Ruoff and Karl Willig were sentenced to death by hanging. The head female nurse, Irmgard Huber, was sentenced to 25 years imprisonment. The second Hadamar trial occurred in 1947. Irmgard Huber received an additional sentence of eight years. Other Hadamar nurses were tried in the second trial and received sentences of two to five years.³⁷⁷ Nurses from other hospitals including Grafeneck and the children's 'euthanasia' hospital, Am Spiegelgrund, received prison sentences for killing or assisting with killing their patients.³⁷⁸ Anna Katschenka at Am Spiegelgrund was sentenced to eight years in prison and the loss of her government pension.

In 1965, 14 nurses from Meseritz-Obrawalde were tried and, despite their admission of guilt, acquitted.³⁷⁹ The verdict in this trial is particularly baffling in that there was no doubt of the guilt of some of the defendants, yet the court declined to prosecute their crimes. The fact that 20 years had elapsed since the war and the general weariness of the post-Nazi era trials certainly coloured the judgment of the court when viewed in comparison with verdicts of earlier trials.

³⁷⁵ Benedict, 'Meseritz-Obrawalde', 128.

³⁷⁶ *Ibid.*, 128–29.

³⁷⁷ Susan Benedict, 'Killing While Caring: The Nurses of Hadamar', *Issues in Mental Health Nursing* 24, no. 1 (2003): 59–79.

³⁷⁸ Benedict, 'The Medicalization', 83–85.

³⁷⁹ Benedict, 'Meseritz-Obrawalde', 113.

Conclusion

While medicine as a profession has received much attention in relation to the actions of doctors in the 'euthanasia' programmes, genocide and the Final Solution, scholarship about nurses has been minimal. Many nurses actively killed their patients and the nursing profession was an integral part of the genocidal strategies used against both disabled people and Jews. At the T4 institutions, nurses helped with the transports of patients and led them to the gas chambers. Some of the T4 'euthanasia' nurses were subsequently transferred to the death camps to set up the gassing mechanisms for killing. In the 'special' paediatric units, nurses gave children overdoses of drugs, starved them or left them in the cold to die of hypothermia. In the 'wild euthanasia' programme, nurses became direct murderers of their patients. The reasons for their actions varied and cannot be fully and accurately judged by legal testimonies that were guided by lawyers whose interest was in gaining acquittals. In many cases, most notably the Meseritz-Obrawalde trial, so many years had elapsed that the defendants had plenty of time to develop a rationale of self-preservation and, similarly, their lawyers had ample time to prepare defences based upon the successful strategies of preceding 'euthanasia' trials. We cannot understand the horrific tortures endured by disabled patients during the Nazi era. Likewise, it is hard to understand, at this remove, how nurses could become so inculcated with the propaganda of the time about 'useless feeders', 'life unworthy of life' and subversion of the concept of 'a good death—euthanasia'—that they lost sight of right from wrong.