

The Nazis' voiceless victims:

A Case for Cultural Genocide

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The scope of Nazi genocide extends beyond the atrocities of the Holocaust and the barbarous fighting in the East. From their seizure of power in 1933 up until their ultimate defeat in 1945, the Nazis also committed genocide within their own borders against the weakest members of German society. Yet the genocidal nature of these crimes has not been adequately recognised. Nazism constructed a racist cultural ideal, and those Germans that fell outside the pliable borders of this ideal became the targets of heinous medical crimes. The Nazis first sought to prevent these supposed outsiders from reproducing through forced sterilisation, and then enacted 'so-called euthanasia', henceforth Euthanasia, against children and adults.¹ The pseudo-science of eugenics combined with wartime necessity was used to rationalise these programs. The crimes took place in medical institutions throughout the country, and are distinguishable though related to similar crimes committed at the concentration camps.

Between 1933 and 1945, an estimated 350,000 Germans were sterilised, and another 200,000 were murdered under the cover of the Euthanasia program.² The number of people killed equalled the estimated 200,000 German Jews who lost their lives during the Holocaust.³ After the war, the domestic murderers - doctors and nurses - were never accused of committing genocide, unlike those perpetrators who committed identical atrocities at Polish concentration camps. Faint attempts at retribution were made, but these were inadequate considering the seriousness and magnitude of the offenses.

Aided by the abundance of evidence left behind by both the Nazis and from the later medical trials, much has been written by scholars on the medical crimes committed against vulnerable Germans

1 The Nazis appropriation of the term 'euthanasia' for their murderous program was an act of deception. According to the *Oxford English Dictionary*, euthanasia is "The action of inducing a gentle and easy death", with reference to those suffering from incurable and painful diseases. Yet the program was anything but benevolent, and so it is inappropriate to label their program euthanasia per se.

2 Michael Burleigh, *Death and Deliverance: 'Euthanasia' in Germany, c. 1900-1945*, (Cambridge: Cambridge University Press, 1994), 161. Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution*, (Chapel Hill: University of North Carolina Press, 1995), 151-152.

3 Lucy S Dawidowicz, *The War Against the Jews, 1933-1945*, (London: Weidenfeld and Nicolson, 1975), 403.

over the last two decades.⁴ But in these accounts, the acts are merely recognised as occurring alongside (or even distinct from) the Holocaust – often posited as a failure of the medical profession – as opposed to being identified as acts of genocide in their own right.⁵ Such crimes seem to fall outside traditional, predominantly legal definitions of genocide, enduring as historical exceptions despite their semblance to other genocides committed during the war.

As early as 1933, however, Raphael Lemkin proposed a category of genocide related to groups targeted on account of their culture, which was omitted from the U.N. Convention on Genocide of 1948.⁶ This article proposes a redefined framework of cultural genocide, stemming from Lemkin's formulation, which is then applied to the sterilisation and Euthanasia programs. This approach allows for the identification of the cultural ideal that governed interactions between perpetrators, victims and bystanders, so as to adequately remember and acknowledge the victims of this significant genocidal crusade.

Targeting the Powerless

The Nazis sought to establish a racial community founded on the notion of *Volksgemeinschaft*, which excluded those deemed to fall outside this constructed racist model. To fit within this dystopia, the new, Nazified German was to be racially pure, genetically healthy, politically loyal and productive.⁷ Youth were expected to be athletic and studious little nationals; women became idealised mothers encouraged to have endless children; and men were envisaged as warriors possessing an immense store of physical strength.⁸ An American journalist living in Germany during the 1930s described the irony of this construct: '[the new German] must be blonde like Hitler, thin like Göring, handsome like Goebbels, virile like Röhm – and be called Rosenberg.'⁹

4 Burleigh, *Death and Deliverance*. Friedlander, *The Origins of Nazi Genocide*.

5 The failure of historians to critically reappraise the medical profession is noted in Thomas Mueller and Thomas Beddies, "'The Destruction of Life Unworthy of Living' in National Socialist Germany,' *International Journal of Mental Health*, Vol. 35, No. 3, (October 2006), 99. Programs conceived as occurring in parallel to the Holocaust in Christopher R. Browning, *The Origins of the Final Solution: The Evolution of Nazi Jewish Policy, September 1939 - March 1942*, (Lincoln: University of Nebraska Press, 2007), 193. Euthanasia as "pre-configuration" for the Holocaust per Raul Hilberg, *The Destruction of the European Jews*, 2nd ed., (New Jersey: Holmes & Meier, 1985), 872–873, 894–895. Posited as a failure of the medical profession in Susan Benedict, Arthur Caplan, and Traute Lafrenz Page, 'Duty and "Euthanasia": the Nurses of Meseritz-Obrawalde,' *Nursing Ethics*, Vol. 14, No. 6, (November 1, 2007), 781–794. Naomi Baumslag, *Murderous Medicine: Nazi Doctors, Human Experimentation, and Typhus*, (Westport, Connecticut: Greenwood Publishing Group, 2005), 75.

6 John Cooper, *Raphael Lemkin and the Struggle for the Genocide Convention*, (Basingstoke: Palgrave Macmillan, 2008), 35, 154. Cultural genocide was actually proposed to recognise Jews who were forced to assimilate into a dominant national culture before Judaism was recognised as a type of ethnicity.

7 Robert Gellately and Nathan Stoltzfus, 'Social Outsiders and the Construction of the Community of the People,' in *Social outsiders in Nazi Germany*, ed. Robert Gellately and Nathan Stoltzfus (New Jersey: Princeton University Press, 2001), 3–5. Peter Fritzsche, *Life and Death in the Third Reich* (Cambridge, Mass: Belknap Press of Harvard University Press, 2008), 76.

8 Michael Burleigh and Wolfgang Wippermann, *The Racial State: Germany, 1933–1945* (Cambridge: Cambridge University Press, 1991), 202, 242, 267.

9 Samuel Beckett quoted in Michael Burleigh, *The Third Reich: A New History*, (New York: Hill and Wang, 2001), 356.

This new community was to be achieved through eugenic thinking – a nineteenth century pseudo-science that encouraged selective breeding as a means of improving human ‘stock’. Racial purity, then, flowed in the blood.¹⁰ In 1933, Dr. Walter Gross, a 29-year-old physician and early member of the Nazi party, was appointed head of the National Socialist Office of Racial Policies (ORP).¹¹ As a charismatic physician he offered faux legitimacy to the pseudo-science of eugenics, and, with much vigour, Gross seized his anointed task: to contribute ‘ethnic thinking’ into every aspect of daily life. Unlike Julius Streicher’s hideously anti-Semitic *Der Stürmer*, Gross’ *Neues Volk* had the appearance of authority and respectability.¹² Its glossy pages contrasted healthy, Aryan national comrades against individuals unfit for the *Volksgemeinschaft*. Life for ordinary Germans became defined through this body politic, *Volkskörper*.¹³

Attempts were even made to devise an ‘Alien Law’ that defined outsiders, deviants and degenerates, but the degree of subjectivity involved in such a determination made formulating a legal definition impracticable. Besides ideological enemies - such as communists, asocials, including the work-shy and homosexuals - and non-Aryans, quintessentially Jews, there also were biological outsiders. Predictably, biological outsiders included the mentally and physically handicapped; although in reality the symptoms of biological inadequacy were often based on the extent of deviation from the Nazi political norm.¹⁴ They would be the main victims of sterilisation and Euthanasia within the Nazis’ racial dystopia.

Forced sterilisation of the supposedly biologically inadequate brought eugenic thinking into practice. In 1920, two Germans, jurist Karl Binding and psychiatrist Alfred Hoche, published a book that, out of pity, conflated euthanasia with non-consensual killing.¹⁵ Within months of seizing power on 14 July 1933, the Nazis took the first steps toward turning this scientific fallacy into a callous reality by introducing the so-called Sterilisation Law.¹⁶ The law advanced *compulsory* sterilisation in cases including schizophrenia, manic-depressiveness, deafness and physical deformity. Such policies were not exceptional to Germany; their only uniqueness lay in their universality.¹⁷ The sterilisation law, moreover, triggered little opposition from neither the Protestant or Catholic churches nor the general public, suggesting a degree of apathy among everyday Germans.¹⁸ The Nazis conflated biology and criminality with more than two hundred over-worked

10 Paul Brohmer, ‘The New Biology: Training in Racial Citizenship, 1931,’ in George L Mosse, *Nazi Culture: Intellectual, Cultural, and Social Life in the Third Reich*, (New York: Schocken Books, 1981), 81–90.

11 Claudia Koonz, *The Nazi Conscience*, (Boston, MA: Belknap Press of Harvard University Press, 2005), 112.

12 Burleigh, *Death and Deliverance*, 360. Koonz, *The Nazi Conscience*, 117.

13 Geoffrey Cocks, ‘Sick Heil: Self and Illness in Nazi Germany,’ *Osiris*, Vol. 22, Second Series (January 1, 2007), 93.

14 Friedlander, *The Origins of Nazi Genocide*, 17–18. Attempts were even made to construct an alien law to define outsiders, deviants and degenerates, but such categories were deemed to be too subjective.

15 ‘The Granting of Permission for the Destruction of Worthless Life,’ per Burleigh, *Death and Deliverance*, 114. Friedlander, *The Origins of Nazi Genocide*, 14–15.

16 ‘The Law for the Prevention of Progeny with Hereditary Diseases of 14 July 1933,’ in Burleigh and Wippermann, *The Racial State*, 136–138.

17 Almost half of America’s states had some form of sterilisation. See Friedlander, *The Origins of Nazi Genocide*, 13. Garland E. Allen, ‘The Ideology of Elimination: American and German Eugenics, 1900-1945,’ in *Medicine and Medical Ethics in Nazi Germany: Origins, Practices, Legacies*, ed. Francis R Nicosia and Jonathan Huener, (New York: Berghahn Books, 2002).

18 Friedlander, *The Origins of Nazi Genocide*, 113. Burleigh, *Death and Deliverance*, 131–132.

hereditary courts acting as the final arbiter for sterilisation cases.¹⁹ In the majority of cases sterilisation was granted. During the first stage, between 1934 and 1936, almost 70,000 sterilisations were performed, leading to four hundred deaths. It is estimated there were over 300,000 victims by 1945.²⁰ But this was only the first shot in the genocidal eugenics war levied against helpless German citizens.

With the onset of the war, the Nazis introduced an extensive Euthanasia program, a murderous radicalisation of eugenic philosophy. Hitler never made his endorsement of Euthanasia a secret, advocating 'racial hygiene', *Rassenhygiene*, to eliminate 'life unworthy of life', *Lebensunwertes Leben*. This would overcome what he described as the 'wretched insanity of our day which preserves the most pathological subject.'²¹ Euthanasia was advanced for not only ideological but also economic reasons. The Nazis claimed Euthanasia would remove the state's burden of care for the disabled, freeing funds for the healthy and institutional beds for the war injured. Yet the effort ultimately exerted was disproportional to any claimed economic benefit.²² The Euthanasia program began in the summer of 1939 after a mother petitioned the Führer for her disabled child to be euthanised.²³ Initially directed towards children, over 5,000 were killed by 1941 and an estimated 20,000 by 1945.²⁴

In August 1939, as Germany mobilised for war, adult Euthanasia was set into motion. A large bureaucratic organisation was established to administrate this complex and ambitious program.²⁵ These measures were designated *Aktion T4* after the organisation's headquarters at Tiergarten Strasse 4, Berlin. An initial target of 72,000 disabled and handicapped was set. Individuals were singled out and then transported to medical institutions throughout Germany. Once they arrived, doctors and nurses were responsible for performing superficial medical examinations. The substantiveness of this examination and the associated paperwork required depended on the category of victim; for Jews, even the (superficial) examination was generally forgone. The medical professional would then carry out the murder using starvation, injection, drugs and, until 1941, carbon monoxide.²⁶

In October 1939, Hitler issued a private order condoning the murderers, after medical professionals expressed concerns about the legality of their actions.²⁷ This order was backdated to 1 September

19 Fritzsche, *Life and Death in the Third Reich*, 116. Burleigh, *Death and Deliverance*, 118. Friedlander, *The Origins of Nazi Genocide*, 132.

20 Friedlander, *The Origins of Nazi Genocide*, 27–28. Michael Burleigh, *Ethics and Extermination: Reflections on Nazi Genocide*, (Cambridge: Cambridge University Press, 1997), 161.

21 Adolf Hitler, *Hitler's Secret Book*, trans. Salvator Attanasio (New York: Grove Press, 1962), 17–18. For how the Nazis constructed 'life unworthy' see Fritzsche, *Life and Death in the Third Reich*, 108–118.

22 Friedlander, *The Origins of Nazi Genocide*, 64, 82. Burleigh, *Death and Deliverance*, 126. Richard J. Evans, *The Third Reich in Power*, (London: Penguin Books, 2006), 512.

23 Friedlander, *The Origins of Nazi Genocide*, 45–47.

24 Browning, *The Origins of the Final Solution*, 192.

25 Friedlander, *The Origins of Nazi Genocide*, 68, 85.

26 Robert Jay Lifton, *The Nazi Doctors: medical killing and the psychology of genocide*, (New York: Basic Books, 2000), 72–80. For an interesting case study on nurses see Susan Benedict, Arthur Caplan, and Traute Lafrenz Page, 'Duty and "Euthanasia": the Nurses of Meseritz-Obrawalde,' *Nursing Ethics*, Vol. 14, No. 6, (November 1, 2007), 781–794.

27 Adolf Hitler 'Führer Order,' September 1, 1939. [<http://www.polunbi.de/pers/bouhler-01.html>, accessed June 2011.]

1939, conflating Euthanasia with war necessity.²⁸ Although officially a state secret, bureaucratic errors in dealing with relatives – such as forged death certificates listing implausible causes of death – and the scale of the program meant that it reached public consciousness. Nevertheless, the initial target of 72,000 individuals was achieved by August 1941, coinciding with Clemens von Galen, the Bishop of Münster's denunciation of the program.²⁹ That numeric milestone combined with public angst and wartime imperatives led to the declaration of a so-called halt. In reality, the Euthanasia program endured almost entirely unabated; the children's program continued exactly as before. But as the *T4* organisation was now directed towards implementing Euthanasia at concentration camps, the adult program was decentralised, with institutions taking responsibility for its ongoing implementation.³⁰ This period of 'wild euthanasia' lasted until the end of the war and resulted in another 100,000 murders.³¹

The Genocidal Exception

The Euthanasia program was reinstated in the concentration camps under the operation *Aktion 14f13*, and was ultimately recognised as an aspect of the Nazi genocidal program. Although there were Jewish and Gypsy victims of the original Euthanasia program in Germany, it was only institutionally directed towards these groups in the East from August 1941 onwards.³² The same *T4* bureaucracy, with the same methods and procedures, introduced Euthanasia to the concentration camps, although medical examinations became even more superficial.³³ From spring 1941 until December 1944, *Aktion 14f13* directly killed an estimated 20,000 persons.³⁴ The numbers killed through this program were small in comparison to the total number of camp victims; its significance lies instead in the direct line drawn between Euthanasia committed domestically and in the concentration camps.³⁵ While the path to Auschwitz may have been indirect, as the renowned historian Christopher Browning writes, 'the path to killing the handicapped was straight.'³⁶ The genocidal paths of domestic and concentration camp Euthanasia intersected at this point.

After the war, justice was applied inconsistently to the perpetrators of Euthanasia depending on whether the crime was committed in Germany or in a concentration camp. At the Nuremberg

28 This was in the same vain as the euphoria of war served as a smoke screen for the barbarity of fighting in the East.

29 Burleigh, *Death and Deliverance*, 141. Friedlander, *The Origins of Nazi Genocide*, 72. Lifton, *The Nazi Doctors*, 96.

30 Burleigh, *Death and Deliverance*, 141. Burleigh persuasively argues against the notion of the Euthanasia program coming to a 'halt' as the killing continued at the same pace as before. Because the program was decentralised, less evidence survived the war, making it a difficult task for historians to uncover details surrounding later atrocities.

31 For a case study of 'wild euthanasia' see Susan Benedict and Tessa Chelouche, 'Meseritz-Obrawalde: a "wild euthanasia" hospital of Nazi Germany,' *History of Psychiatry*, Vol. 19, No. 1 (March 1, 2008), 68-76.

32 Friedlander, *The Origins of Nazi Genocide*, 263 ff, 302.

33 Browning, *The Origins of the Final Solution*, 192. Medical officers also carried out the infamous experiments on camp prisoners. See Burleigh, *Death and Deliverance*, 126.

34 Friedlander, *The Origins of Nazi Genocide*, 150.

35 Ibid.

36 Browning, *The Origins of the Final Solution*, 185. Friedlander, *The Origins of Nazi Genocide*, 302.

Medical Trial, held between October 1946 and August 1947, two of the leading figures of the T4 program, Dr. Karl Brandt and Viktor Brack, were found guilty of crimes against humanity and sentenced to death. But thereafter, only 104 T4 perpetrators were put on trial. The majority of these perpetrators were desk murderers who were trialled for offenses committed outside Germany, and over half were eventually acquitted.³⁷ International courts, moreover, lacked jurisdiction to trial domestic cases, and so few of the exclusively domestic perpetrators were trialled or convicted. The courts were also unable to trial offenses committed before 1939 despite sterilisation having begun in 1933.³⁸

The Nuremberg Medical Trial unequivocally showed that medicine and Euthanasia were components of Nazi war atrocities.³⁹ Although controversy exists around whether the Nuremberg Medical Trial was in fact a genocide trial, the chief prosecutor used the term in his opening address after consulting with Raphael Lemkin, drafter of the U.N. Convention on Genocide. This approach has also been accepted in histories of the sterilisation and Euthanasia programs since the 1980s.⁴⁰ In the preceding decades, however, the West German courts that possessed jurisdiction over the domestic programs had avoided this tough approach when trialling domestic perpetrators. On the rare occasion that medical professionals were brought to court, they were charged with mere murder, rather than accused of genocide or the less arduous, court-tested action of crimes against humanity. At the opening of the Nurses Trial in 1961, the West German Minister of Justice even pleaded that the ‘murderers among us be left in peace’; all the nurses were ultimately acquitted.⁴¹ The courts, furthermore, often treated the perpetrators as ‘mercy killers’, constructing extenuating circumstances around their actions.⁴² While this did not necessarily lead to acquittals, the severity of sentences was drastically reduced. Forced sterilisation was even more of a taboo; courts were powerless to trial the offense so long as it remained legal in other countries (including many states of the United States).⁴³ Genocidal complicity hung over any T4 perpetrator that performed Euthanasia in the camps when trialled by an international court. But the individual who committed an identical crime within Germany’s borders never had such grave charges directed towards them.⁴⁴

37 Dirk Welmoed de Mildt, *In the Name of the People: Perpetrators of Genocide in the Reflection of Their Post-War Prosecution in West Germany: The ‘Euthanasia’ and ‘Aktion Reinhard’ Trial Cases*, (The Hague: Martinus Nijhoff, 1996), 82-83. Dr. Karl Brandt and Victor Brack were put to death as a consequence of the Nuremberg Medical Trial.

38 Paul Julian Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent*, (Basingstoke: Palgrave Macmillan, 2004), 231-241.

39 *Medical Trial Transcript* 23 (Nuremberg Trial 1946). Weindling, *Nazi Medicine and the Nuremberg Trial*, 3, 93. Raphael Lemkin acted as a consultant to the American legal team and encouraged the use of the term genocide.

40 Friedlander, *The Origins of Nazi Genocide*. Burleigh, *Death and Deliverance*.

41 Bernd Naumann, *Auschwitz: A Report on the Proceedings Against Robert Karl Ludwig Mulka and Others Before the Court at Frankfurt*, (London: Pall Mall, 1966), 61. Benedict, Caplan, and Lafrenz Page, ‘Duty and “Euthanasia”’, 791.

42 Welmoed de Mildt, *In the Name of the People*, 51.

43 e.g., America and France per Weindling, *Nazi Medicine and the Nuremberg Trials*, 228.

44 It is sometimes assumed, for quite logical reasons, that the medical crimes committed at Germany’s domestic concentration camps were genocide; but whether such crimes are recognised as genocide is also questionable. See Baumslag, *Murderous medicine*, 75.

A Case for Cultural Genocide

Cultural genocide provides the prospect of appropriately remembering German victims of sterilisation and Euthanasia. Lemkin proposed a framework for culture genocide in his earliest definitions of Genocide in 1943. His definition would have recognised non-ethnic classes of genocide victims, employing as its case study Jewishness as a cultural grouping. For political reasons, however, it was never carried forward into the final draft of the U.N. Genocide Convention.⁴⁵ Not only were the fates of domestic Euthanasia victims identical to that of their counterparts in the concentration camps - who are recognised sufferers of genocide - but the failure to extend the meaning of genocide has lessened the historical significance of their experience. The programs are recognised as mere markers on the road to Auschwitz, and so the 'institutional gap in knowledge' endures.⁴⁶ For example, in 1985, Holocaust historian Raul Hilberg wrote, 'Euthanasia was the conceptual, technological and administrative pre-configuration for the final solution.'⁴⁷ While Browning later identified Euthanasia as a distinct event from the Holocaust, one of 'two campaigns in the same crusade,' recognition of the former has remained inadequate; one, a genocide, the other, just another case of Nazi mass murder.⁴⁸

Lemkin argued cultural genocide applied to groups forced to assimilate into a dominant culture by moderate coercion including through the forceful transfer of children.⁴⁹ In the case of the Euthanasia program, Lemkin's definition must be reframed – firstly, to account for racial victims murdered as a result of a vile cultural ideal, and secondly, to recognise that its outcome was murder rather than assimilation. The Soviet Union agreed with this approach. During negotiations for the U.N. Genocide Convention, the Soviets argued that sufferers of 'race theories' were also victims of cultural genocide; but the Allies rejected incorporating cultural genocide into the convention, as they were concerned about the ramifications of such a provision for their colonial subjects.⁵⁰

As cultural genocide possesses the power to be extended to the Nazis' domestic programs, the remainder of this article will apply this framework to consider the cultural ideal and its implications for perpetrators, victims and bystanders. The following case study focuses on the medical profession, since their part in committing atrocities on behalf of the Nazi state has been inadequately scrutinised.⁵¹ This case study emphasises the period after the so-called halt of 1941 when the Euthanasia program became decentralised, authority vesting in local medical professionals, as that period most clearly reveals the cultural genocide.

The Nazis, in working toward *Volksgemeinschaft*, constructed a damaging cultural ideal in order to realise their racial dystopia. While its characteristics and absurdities were established earlier, this construct simultaneously enabled the genocide. To realise the sterilisation and Euthanasia programs, the Nazis defined the ideal self and the exiled Other, comparable to the trajectory of

45 Cooper, *Raphael Lemkin and the Struggle for the Genocide Convention*, 154.

46 Henry Friedlander, 'The Exclusion and Murder of the Disabled,' in *Social outsiders in Nazi Germany*, ed. Robert Gellately and Nathan Stoltzfus, (New Jersey: Princeton University Press, 2001), 123.

47 Hilberg, *The Destruction of the European Jews*, 872–873, 894–895.

48 Browning, *The Origins of the Final Solution*, 193.

49 Cooper, *Raphael Lemkin and the Struggle for the Genocide Convention*, 91–92.

50 Ibid., 123, 139.

51 Mueller and Beddies, "'The Destruction of Life Unworthy of Living"; 99.

anti-Semitism that preceded the Holocaust.⁵² In the visual arts, the healthy Aryan worker, farmer and soldier were ennobled not for their tasks but as emblems of the Germanic race as a means of uniting the *Volk*.⁵³ As such, Germans required 'Aryan Passports', *Ahnenpass*, to join the racial community.⁵⁴ Gross and the ORP used eugenics to construct a closed community defined by race. Those permitted to join were required to surrender their individuality to the biological fraternity.⁵⁵ The Other, regardless of whether they were the Jewish Other or the racial, cultural Other targeted by the sterilisation and Euthanasia programs, were placed in the category of 'aliens to the community,' *Gemeinschaftsfremd*, and labelled criminals.⁵⁶ Yet criminality was the outgrowth of exclusion, particularly in the case of the frequently-used label of 'feeble-mindedness', which was purportedly a biological trait. The so-called physically and mentally degenerate were especially worrisome for fear they would biologically and intellectually penetrate the so-called Aryan race.⁵⁷ As they fell outside the cultural ideal, these individuals were the primary targets of the sterilisation and Euthanasia programs.

The medical profession, who served as the implementers of the programs, became the vanguard in the eugenics war with a responsibility to rid the *Volksgemeinschaft* of the cultural Other. The Nazis mobilised the entire medical profession as the Nazi radicalisation of the body, *Volkskörper*, could only be put into practice with their support.⁵⁸ Although there is debate around the complicity of the medical profession as a whole under the Nazis, the medical killers of the Euthanasia program fall into a different category.⁵⁹ They were complicit together with the desk murderers at T4 who administrated the domestic and international programs. Tainted by eugenics, doctors and nurses explained that it was their patriotic duty to murder and they were just following orders.⁶⁰ Their excuses mirror those adduced by the perpetrators of the Holocaust. These medical professionals, instead of preventing death at any cost, not only stopped saving lives but also inflicted death upon their fellow Germans.⁶¹ Dr. Carl Schneider declared to a medical conference in 1931 that committing voluntary euthanasia would turn the profession into 'hangmen'.⁶² Less than a decade later he was a

52 See Victor Klemperer, *I Shall Bear Witness: The Diaries of Victor Klemperer 1942-45*, trans. Martin Chamers, (London: Weidenfeld & Nicolson, 1998).

53 Berthold Hinz, *Art in the Third Reich*, trans. Robert Kimber and Rita Kimber, (Oxford: Blackwell, 1980), 113-114.

54 Fritzsche, *Life and Death in the Third Reich*, 76-82. In practice this produced an entire industry centred on genealogy.

55 Koonz, *The Nazi Conscience*, 106. Case study in medicine in Cocks, 'Sick Heil,' 93-97.

56 Lifton, *The Nazi Doctors*, 65.

57 Friedlander, *The Origins of Nazi Genocide*, 3, 17.

58 Cocks, 'Sick Heil,' 95.

59 Role of Doctors contested in Michael H. Kater, *Doctors Under Hitler*, (Chapel Hill: UNC Press Books, 2000), 35, 80-81. In reality, the Doctors were most likely profession to be members of the Nazi Party with 45% having joined. This can be contrasted against 25% for lawyers, 24% for teachers, 22% for teachers, and 9% of the total population. See Michael H. Kater, 'Criminal Physicians in the Third Reich: Toward a Group Portrait,' in *Medicine and Medical Ethics in Nazi Germany: Origins, Practices, Legacies*, ed. Francis R Nicosia and Jonathan Huener, (New York: Berghahn Books, 2002), 79.

60 Benedict, Caplan, and Lafrenz Page, 'Duty and "Euthanasia"', 781.

61 A practicing doctor describes the failure of his profession: William E. Seidelman, 'Nuremberg Lamentation: For The Forgotten Victims Of Medical Science,' *BMJ: British Medical Journal*, Vol. 313, No. 7070, (December 7, 1996), 1464.

62 Welmoed de Mildt, *In the Name of the People*, 302.

willing executioner. The medical profession was tainted not only by Nazism, but also by their role in these programs, with hundreds of doctors and nurses, who were inculcated by the cultural ideal, committing genocide over twelve years.⁶³

The victims of the programs were selected for failing to conform to a constructed cultural ideal and remained voiceless or were murdered, meaning that their suffering has been inadequately recognised. These victims were members of an artificial group. Almost exclusively a product of racial propaganda, they were never in a position to establish or re-establish their identity.⁶⁴ Under the Nazis, the sick person became a social entity with an actual identity – belittled, disregarded and forgotten – and a perceived identity – the product of eugenic propaganda.⁶⁵ The film *I Accuse, Ich klage an*, commissioned by Goebbels in 1941 and shown to 18 million Germans, confused eugenics and autonomy by presenting Euthanasia as a national duty.⁶⁶ Although the victims were the diverse products of idiosyncratic *Gemeinschaftsfremd* selection, they were disproportionately poor and uneducated, and many were infants.⁶⁷ The majority of sterilisation cases rested on claims of feeble-mindedness or schizophrenia, which were then bolstered by nonsensical patriotism.⁶⁸ Unsurprisingly, the targets were still reluctant; one in ten sterilisation victims were led to clinics by police force.⁶⁹

Although there was some popular disquiet, relatives, the churches and the public at large tended to distance themselves from what was happening, which raises questions about their complicity. While the victims were not entirely excluded from society in the way that Jews were, by contrast to Jewish victims, scant details of their experiences have come to light.⁷⁰ In the war's aftermath, survivors – the stigmatised, frequently handicapped or mentally disabled, who often remained in asylums under the same doctors and nurses – were largely unable to speak out. And they were then, for the most part, ignored by politicians, the judiciary, the medical profession, the churches and their ashamed relatives.⁷¹ They endure as voiceless, forgotten victims of genocide, who still have received no official apology from the German state.⁷²

A fusion of Nazism and the pseudo-science of eugenics led to the emergence of the sterilisation and Euthanasia programs. These programs victimised over half a million Germans, leading to some 200,000 deaths. When the murder took place in a concentration camp, the perpetrator was often prosecuted and the act was branded genocide. But when the identical crime was committed

63 Browning, *The Origins of the Final Solution*, 191.

64 Omer Bartov, 'Social outcasts in War and Genocide: a comparative perspective,' in *Social Outsiders in Nazi Germany*, ed. Robert Gellately and Nathan Stoltzfus, (New Jersey: Princeton University Press, 2001), 302.

65 Cocks, 'Sick Heil,' 100.

66 Burleigh, *Death and Deliverance*, 402. Burleigh and Wippermann, *The Racial State*, 187. Lifton, *The Nazi Doctors*, 49.

67 Fritzsche, *Life and Death in the Third Reich*, 114. Burleigh, *The Third Reich*, 367.

68 Fritzsche, *Life and Death in the Third Reich*, 117-119.

69 Ibid. This raises questions about whether the police were bystanders.

70 Friedlander, *The Origins of Nazi Genocide*, 164.

71 Ibid., 117.

72 Anna Catherin Loll, 'No apology for Germany's own Nazi victims,' *The Times*, 26 November 2009, The Sunday Times edition. Around 12,000 victims are still alive, and receive a state pension for their mental anguish.

domestically, against a German, it was barely acknowledged and subsequently retribution faltered. Reviving a framework of cultural genocide allows the historical record to be remedied. The Nazis established a cultural norm that excluded a group of individuals, many of whom were mentally disabled or handicapped. Despite being wronged and murdered en masse by bureaucrats, as well as doctors and nurses who disregarded their duty of care, their suffering has not been sufficiently recognised. Cultural genocide provides the prospect of adequately acknowledging the horrendous crimes that were committed while also remembering the victims in a more satisfactory way.
