

## READING

## "Unworthy to Live"

As Adolf Hitler consolidated his power at home in anticipation of war, he moved not only against Jews, Sinti, and Roma but also against those Aryans whom he considered “unworthy of life”—people with epilepsy, alcoholism, birth defects, hearing loss, mental illnesses, and personality disorders, as well as those who had vision loss or developmental delays or who even suffered from certain orthopedic problems. Hitler viewed them as “marginal human beings” who had to make a case for their own survival at a time when the nation was preparing for war.

The first to be eliminated were too young to speak on their own behalf. In fall 1938, the parents of a severely disabled infant petitioned Hitler for the right to kill their child. He granted the petition and saw in the request an opportunity to encourage what he called “mercy killings” or “euthanasia.” In fact, according to science historian Robert N. Proctor, the goal was not to provide mercy to the victims but to improve the “Aryan” race and make hospital beds and personnel available for the coming war.<sup>1</sup> Hitler also thought that the war might minimize protests from Germans who learned of the deaths. According to Hitler’s chief medical officer, “The Führer was of the opinion that such a program could be put into effect more smoothly and rapidly in time of war, and that in the general upheaval of war, the open resistance anticipated from the church would not play the part it might in other circumstances.”<sup>2</sup>

The following spring, Hitler set up a committee of physicians to prepare for the murder of mentally and physically disabled children. Known as the Reich Committee for the Scientific Treatment of Severe Hereditary and Congenital Diseases, the group was told to keep its mission secret. In August 1939, just two weeks before the invasion of Poland, committee members asked doctors and midwives to fill out a questionnaire that would identify children born with various deformities or disabilities. Initially, the focus was on children under the age of three. The committee claimed it was using the information “to clarify certain scientific questions.” In fact, it was used to determine which children would be allowed to live.

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<sup>1</sup> Robert N. Proctor, “Culling the German Volk,” in *How Was It Possible? A Holocaust Reader*, ed. Peter Hayes (Lincoln: University of Nebraska Press, 2015), 261.

<sup>2</sup> Quoted in Robert N. Proctor, “Culling the German Volk,” in *How Was It Possible? A Holocaust Reader*, ed. Peter Hayes (Lincoln: University of Nebraska Press, 2015), 261.

The committee relied entirely on the questionnaires in making its decisions. Members did not examine a single child, consult with other physicians, or speak to the families involved. Once a decision was made, the committee told the child's parents only that their baby was being placed in a special hospital to "improve" treatment. There, death came quickly. After the war, a physician involved in the program told Robert Jay Lifton, an American psychiatrist, "According to the thinking of that time, in the case of children, killing seemed somehow justifiable . . . whereas in the case of the adult mentally ill, that was definitely murder."<sup>3</sup>

The physician went on to describe how nurses were ordered to give the children sedatives that were harmless in small amounts but deadly in large doses. The doctor noted, "And with these sedatives . . . the child sleeps. If one does not know what is going on, he [the child] is sleeping. One really has to be let in on it to know that . . . he really is being killed and not sedated." Lifton added:

While Dr. F. admitted that one might wonder about a child, "Why is he sleeping so much?" he insisted (quite erroneously) that one could ignore that inner question because "the death rate of [those killed] wasn't much above the regular death rate with such children." He stressed the absence of either a direct command ("If I get the order to kill . . . [I think I] would refuse . . . but certainly there was no such order . . .") or of manifest homicide ("I mean if you had directed a nurse to go from bed to bed shooting these children . . . that would not have worked"). As a result, "there was no killing, strictly speaking. . . . People felt this is not murder, it is a putting-to-sleep."<sup>4</sup>

In addition to the use of drugs, victims were murdered by a variety of other methods, including poisoning, starvation, being left to die of exposure in unheated buildings, and gassing.

The operation was later expanded to include not only children but also teens and adults, and it was given the codename "T-4." One "euthanasia expert" excused the murders by arguing: "The idea is unbearable to me that the best, the flower of our youth, must lose its life at the front, in order that feebleminded and asocial elements can have a secure existence in the asylum." Another suggested that a physician's duty is to rescue the "fit" for the future by weeding out the "unfit" in the present.<sup>5</sup>

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<sup>3</sup> Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986), 57.

<sup>4</sup> Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986), 57.

<sup>5</sup> Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986), 57.

Although the Nazis considered the “euthanasia” program top secret, it was a difficult secret to keep. Some Germans were certain to notice the sudden deaths of large numbers of disabled people at various institutions in their communities, and Nazi officials struggled to find satisfactory explanations. In addition, family members often grew suspicious of the sudden deaths of patients soon after their transfer to new facilities, which were in fact killing centers. The Nazis also made bureaucratic mistakes in their notifications to the families of victims, sometimes claiming a cause of death that seemed unlikely, if not impossible (such as claiming that a burst appendix caused the death of a child whose appendix had already been removed). According to scholar Carol Poore, by the late summer of 1940, the “euthanasia” program had become common knowledge among Germans and in other countries.<sup>6</sup>

Among Germans who knew of the euthanasia program, many supported it. In some cases, the parents of mentally or physically disabled children “were eager to rid themselves of the stigma of having ‘defective children.’”<sup>7</sup> Racial ideology and propaganda in the 1930s had also helped to build support in Germany for eliminating mentally ill adults. In addition, according to Proctor:

Doctors were never ordered to murder psychiatric patients and handicapped children. They were empowered to do so, and fulfilled that task without protest, often on their own initiative. Hitler’s original memo . . . was not an order, but an empowerment, granting physicians permission to act.<sup>8</sup>

In some places, doctors used mobile gassing vans to carry out the killings. By June 1940, the vans were being replaced with gas chambers that resembled showers. Proctor adds: “By August 24, 1941, when the first phase of this ‘adult operation’ was brought to an end, over 70,000 patients from more than one hundred German hospitals had been killed.” The operation would turn out to provide a model for the subsequent murder of millions of Jews, Roma and Sinti, and others in gas chambers.<sup>9</sup>

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<sup>6</sup> Carol Poore, *Disability in Twentieth-Century German Culture* (Ann Arbor: University of Michigan Press, 2007), 87.

<sup>7</sup> Robert N. Proctor, “Culling the German Volk,” in *How Was It Possible? A Holocaust Reader*, ed. Peter Hayes (Lincoln: University of Nebraska Press, 2015), 268.

<sup>8</sup> Robert N. Proctor, “Culling the German Volk,” in *How Was It Possible? A Holocaust Reader*, ed. Peter Hayes (Lincoln: University of Nebraska Press, 2015), 268.

<sup>9</sup> Robert N. Proctor, “Culling the German Volk,” in *How Was It Possible? A Holocaust Reader*, ed. Peter Hayes (Lincoln: University of Nebraska Press, 2015), 270.

## Connection Questions

1. What is suggested by the terms “mercy killing” and “euthanasia”? Was either of these the goal of the Nazi program? Who decided who would live and who would die? Does it matter who makes that decision?
2. How did the war influence both the justification for and the timing of the “euthanasia” program?
3. What is the difference between being ordered and being empowered to do something? What factors may have motivated doctors to carry out the killings of mentally and physically disabled people?
4. What distinction does the doctor that Robert Jay Lifton interviewed make between murder and “putting to sleep”? How does he distinguish between the killing of young children and the killing of adults? Do you think euphemisms (gentle expressions used to describe unpleasant things) made the killings easier to justify? Why or why not?
5. What should be the role of doctors in society? What ethical standards should guide their behavior?