

The Frailty of Justice: An academic and Personal reflection. Or Markus. Kreitmair's "in Fear of the Frail.: The Treatment of. The. Disabled. at the Eichberg Asylum for the Mentally Ill. In Nazi Germany

The Source up for Analysis in this Paper is the Master's Thesis of Markus Kreitmair called "In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany"¹ . Markus Kreitmair is an alumnus of Simon Fraser University's Faculty of the Arts having received his Master's degree in 2000 In History. As he describes in his thesis he became a paralyzed from the chest down in a car accident at the age of 18 and has been wheelchair-bound ever since.² His Masters Advisor and "mentor"³ was Martin Kitchen, an Anglo-Canadian scholar who has written several books including many on German history in the 20th century with a focus on the Nazi period.⁴

Kreitmair's Thesis draws its foundations from his own life both as a German with a disability and from where he grew up Hesse, Germany in a town outside of which was Eichberg Asylum a transit institution for the larger Hadamar Killing Center.⁵ The this thesis is a descriptive one Kreitmair does not seek to blame the administration at Eichberg for the atrocities committed there instead he desires to "let the individuals who lived, worked, and often died, at the Eichberg speak for themselves."⁶ This is an uncommon approach to this subject at least in the academic literature-at least it was when he was writing it is becoming slightly more common now, by highlighting the stories of the victims Kreitmair is making a choice to deviate sharply from his peers in academia, who when mentioning the T4 program do so through the lens of Medical ethics where the goal is reviewing the atrocities so that, future doctors can be more aware of power of their positions and they can wield it more ethically and with the understanding that their patient someone, a person and not just some body.⁷

There is also a strong sense of. Seeking justice. For the victims of Eichberg and Aktion T4. Kreitmair states, that his goals are to "paint a picture of the personalities of the Eichberg's

doctors and staff - what their goals were and how they dealt with the asylum's inmates", and to "show what the Eichberg's patients had to endure to survive and what others suffered before they died."⁸ Kreitmair does this well., by restoring the names, and wherever possible the voices of Eichberg's victims. Placing them and their lives, back into the historical record. The residents of Eichberg also got the rare opportunity of having their own opportunities. at, legal justice, at the Eichberg euthanasia trial that took place in Frankfurt in December of 1946, but Justice here was incomplete to say the least of it.⁹ While Kreitmair uses portions of the testimonies, At the Eichberg trial fairly extensively, throughout his thesis, It isn't until the end, That the reader discovers Legal consequences. For some of the staff's actions.¹⁰ The main argument of the thesis. Seems to be, a subtle indictment of the community which Eichberg was a part, it was. the farmers., craftsman and housewives of Eltvile that benefited most from Eichberg's many patients labour schemes.¹¹ It is through these complex social relationships between those within and outside the walls of the Eichberg asylum that we see the warped relationship that a single small German village has with what I consider to be the longest running part of the Holocaust. Eltvile, and it's residents both benefit from, and were victimized by the atrocities that occurred at Eichberg; this makes. the commemoration, memorialization., and. justice. difficult to seek Weather. In the immediate aftermath of the war, or from modern historians in retrospect. As. Kreitmair Explorers, When the community is made to confront the horrors of what occurred on the hills outside their village, the ultimate fate of the men responsible for it would not be judged for the severity of their crimes, the vulnerability of their victims, or their lack of remorse, it would simply come down to whether the defendant in the case was seen positively in the community or not.¹²

To begin the discussion of how modern historical scholarship, is pursuing A form of justice., For victims of Aktion T4 that the largely eluded them in their lifetimes and beyond. it is perhaps

most important to begin with naming some of the victims. However, Unlike other victims of the Holocaust., to whom entire searchable databases are dedicated Finding the names Of those who were. Victims of Aktion T4 Is considerably more challenging.¹³ In large part- when it comes to the cases involving children- this.is by design; as Karl Brandt Explained at his trial The goal of his “ Kindereuthansia” program was to “obtain possession of these “abortions” word for disabled children-, and destroy them as possible after they had been brought into the world.”.¹⁴ This entailed the creation of. A secret selection. and registration process under which. all Infants. With. Physical deformities. Or suspected intellectual challenges. Were reported. To Brandt Within his offices. at Hitler's private chancellery. Once selected. the infant would be taken to a hospital. With a “Special Children's Ward” where they would be killed by lethal injection within weeks. Medical professionals. We're forced to comply with Reporting requirements Regardless of their moral stance on the issue, but any misgivings they may have had were Meant to be lessened by the payment. of 2 RM per reported case.¹⁵ The secrecy and the age of the victims were considered essential. to Kindereuthanasia success, the extreme youth of the infants was meant to ensure. That their deaths “would be less noticed by the public”¹⁶ , and the secrecy was so that the N.S.D.A.P did not run the risk “alarming” the new parents of the Third Reich some of whom would still be appalled to learn, that their government might one day decide to kill their infant simply because they considered him/ her to be disabled.¹⁷

Before expanding it into a larger program, and beginning the Holocaust in earnest, the procedure for what would become *kindereuthanasia* would have to be tried out on a disabled infant. The event itself is well documented: that Dr Karl Brandt murdered A baby boy At the Leipzig Children's Clinic sometime before September of 1939, by means of lethal injection, after the KdF Received a letter requesting he be euthanized.¹⁸ Personal details., like. his full name, the names of his parents, his diagnosis and his life dates vary from source to source. Kreitmair calls

him Gerhard Knauer, and says he was diagnosed as “blind and idiotic”, that he was both born and murdered. In the year. 1938.¹⁹ While the 2018 paper “*The Nazi Physicians as Leaders in Eugenics and “Euthanasia”: Lessons for Today*”, the authors claim that in addition to blindness the boy also suffered from a “malformed brain and had “1 arm and part of 1 leg missing”, this particular paper does not provide the infant’s name or life dates.²⁰ The most complete biography of baby Gehard appears in the 2019 book ***First into the Dark: The Nazi Persecution of the Disabled*** the author’s give the Baby’s name as Gehard Kretsmacher. That he lived from February- July 25th, 1939. His parents were. Richard and Lina a farm labourer and his wife, both ardent Nazi supporters, they lived in a small village; just to the east of Leipzig. In this publication they mention that Kretsmacher disabilities include “malformed limbs”. Being “feeble minded” having seizures and was also blind.²¹ As a result of his condition Richard Kretsmacher began referring to his son simply as “the monster” and as a result he took his son to Leipzig at the age of just 6 weeks where he asked the clinic director Werner Catell to end his life, Catell Refuses because, while eugenics. is the bedrock of Nazi politics., Euthanasia. was still. Considered murder under German law.²² It was in light of that refusal, that Gerhard's father. wrote to Hitler, who in turn dispatched one of his personal physicians. And friends Dr Karl Brandt. to assess and if necessary, kill the child.²³ which he does either by order or by his own hands on July 25th 1939.²⁴

All three sources I have used. To tell. The story of Gerhard. Kretsmacher Are peer reviewed And scholarly, but as one can see, There are three different accounts of the same death. When it comes to the beginnings of Aktion T4. It isn't that Kreitmair, is careless or ignorant when it comes to the facts surrounding Gerhard Kretsmacher’s life and death, It is simply that, the full and correct information regarding. The personal details of the little boy's life had not yet been made available to the public. It wouldn't be until 2007, seven years After. Kreitmair Have

completed his thesis, that Ulf Schmidt, currently the Nucleus Professor of German History ^{At the} University of Hamburg.²⁵ , For his book *Karl Brandt- Nazi Doctor: Medicine and Power in the Third Reich* sought to publish the newly released medical record. of Gerhard Kretsmacher.²⁶ In the relevant section of the text Schmidt lays out the context and confusion around the dates, 1938 and 1939 and the misremembered name of "Knauer" rather than Kretsmacher; Schmidt also lays out a long term legal and ethical conflict that lead to the dispute around the protection of the medical record and supposedly the boy himself. Under German medical privacy laws, Schmidt's requested the child's medical records in full, was initially denied. German privacy laws only allow. Gerhard. Kretsmacher to be known as "Child K" ²⁸ Schmidt was able to argue that while living patients and those who had died of natural causes had a reasonable expectation of privacy that in the case of Gerhard Kretsmacher it would only "medicalize the child's history" and "... place the justifiable claim of the parents for anonymity above the personality and suffering" of their son, obscuring their role in having asked to have him killed. ²⁹

The biography Schmidt gives is almost word for word as it appears in the *First into the Dark* except to add that the Richard Kretsmacher's motivation for requesting Euthanasia was the affect the child's condition was having on the mental and physical welfare of its mother Lina, and rather than directly express the vitriol he so clearly felt for his son Herr Kretsmacher asked Dr. Catell about "putting [the child] to sleep" instead. ³⁰

Gerhard Kretsmacher's death was unfortunately far more important to history and memory than his tragically short life ever will be, but if Aktion T4 is considered to be part of the Holocaust. then he a 5-month-old baby, is the first victim of the Holocaust.³¹ As such there is reason among Holocaust scholars to revisit the controversy and confusion around. the small child, to keep adding and adding to the historical record until. concrete proof of the details could be found years later. For many, there simply wasn't the interest, to find. the identities of those people who

had been sentenced to live and die within the walls of an institution. Fortunately, there has been a push, in very recent scholarship, to identify and share the stories of the victims of Aktion T4. Depending on what records are available., and the awareness of a victim's family of their lives and their role in their legacy, determine whether these victims have a place in public and personal memory, alongside other victims of the Holocaust.

A lot of the academic work, done regarding Aktion T4 is in regards to medical ethics, Indeed, it could be argued that is the majority, of places where Aktion T4 is mentioned within academia. What is unfortunate about this, when trying to finding individual patient record that most of the medical/ biological papers on the subject do not focus on the cases of individual patients., instead, they try to quantify the magnitude of the wrongs done to the patients who became victims of Aktion T4. Creating large scale. ” systematic reviews” Of hundreds of patient records., that come up with statistics like 37% of patients sterilized at a given Aktion T4 transit facility had the procedure because they were deemed ‘alcoholics’.³² While this is useful information it feels supplemental to the stories of patients, but often these papers do not contain. The individual stories of patients, when they do ,it is with frustratingly few details. This is due. To the same phenomena surrounding Gerhard Kretsmacher being referred to as “Child K.” German medical records are not made public, with anything more than patients, obscuring their full names under the law; as a result, patients in these files are referred to simply as **A.M.** or **H.D.**, nothing more.³³ Further the medical files written by Nazi doctors, tell the reader more. About what the doctors themselves believed about their patients, rather than the patients themselves. For example one Doctor described some patients as “**apathetic**” or “**violent**” , or as “feeble” and shrunk, including a description of one patient as “a malicious and lazy man”.³⁴ These are not medical terms, but opinions of medical professionals who have nothing but contempt for their patients. Papers like these are written, to demonstrate to medical students and

future doctors how they should not wield the power of the profession over their patients; they are a good, if profoundly negative object lesson of what too much power and the lack of compassion. can do While important, this lesson is limited to medical students, and though we are all safer as patients for it. The patients. In such papers Teach the next generation of medical professionals, to have ethics That their predecessors did not. The papers are still written for doctors and their education, not for or about the patients, it is hard to derive any personal details. or aspects of the patient's personality, they are not individuals.

Another place that one might find mentions of Aktion T4, is in papers discussing the teaching. of biology and the fundamentals of genetics. In an age where, people can get their DNA tested commercially, and often get such kits for Christmas gifts, there has been a growing concern. among. biologists, geneticists and biology teachers, to express the limits of what DNA can and cannot teach us about ourselves. Particularly, In the papers where Aktion T4 is mentioned authors spend a great deal of time debunking the idea that race is a biological concept. ³⁵, while this is a very important part of undermining what Hitler called Nazism's “biological goals and imperatives”³⁶ it is a keystone of disproving the entirety of neo-Nazi/ Social Darwinist beliefs , that are unfortunately facing a resurgence in popularity at the moment, making the these distinctions is more important than ever. Here too the Nazi Eugenics program is mentioned only in passing as the worst case scenario, of what might occur if one conflates biology and personal prejudice ³⁷ Kreitmair for his part avoids the biological aspects of disability entirely to focus on the social and personal consequences for Eichberg’s inmates and his own community.³⁸ . It should therefore be the goal of this Source paper to do the same, however, I would be remiss if I reviewed the scholarship and did not mention that many of the English Language Sources, particularly those available through the Douglas College Library, engage with debunking Nazi Eugenic misconceptions of biology. ³⁹ Thus, in an earlier version of the paper- this paper is a

substantial rewrite- I myself engaged in such a debunking using available Douglas College academic sources and personal knowledge gained throughout my biology and biology adjacent course work here at Douglas to do the same-see lecture citations-⁴⁰ Upon further review biology is very much not the focal point of this paper, so this portion of the paper became an appendix.

Review the sources cited up to the up to this point. In this paper., will indicate. That The vast majority of them were published in journals Containing topics that were either biologically or medically related. ⁴¹ It is a very recent development that the social sciences and Arts, have been able to crossover into this field and enable the profiling of more Aktion T4 victims beyond those that Kreitmair has in his thesis, but recently a few have begun to emerge. The authors of ***First into the Dark: The Nazi Persecution of the Disabled*** dedicate their first chapter to the story of **Elvira Hemple**: who was just 8 years old when she was spared death behind the “**Iron Door**” at the Brandberg gas chamber in 1939.⁴² One of 15 children born to a career criminal, and occasional busker Otto, her mother – also Elvira- struggled to feed her massive family and as a result only 6 of her siblings survived infancy.⁴³ Any money that the family made was squandered by their father, and while the children sold scrap metal, their mother was always on the lookout for work, the large family relied extensively on charity from the Catholic and Protestant churches to survive.⁴⁴ The family’s poverty got so bad during the depression that when her younger brother Heinz died as an infant in 1934, the family were unable to afford a coffin to bury him in.⁴⁵ Elvira was taken into care of the state 2 years later, aged 5, having made frequent trips to the hospital due to a skin condition, authorities began to fear for her life they put her in a Catholic children’s home.⁴⁶

Two years later she was given a psychiatric evaluation in which the doctor in part accused her of being *unterwertig*- mentally inferior- and that she “lies and tortures other children without

reason' 47

With the diagnosis of feeble-mindedness Elvira was sent to Uchtspringe state Hospital a feeder institution for Brandenburg where she was briefly reunited with her baby sister Lisa, who was healthy, but whom her mother had refused to take home claiming that she could not afford another child. ⁴⁸ It was here in Haus 50- the institutions special children's ward that she witnessed infants being left behind locked doors in their cots for hours ⁴⁹, lethal injections given by nurses to unruly babies⁵⁰ and the *Totenmann* a man who would come and wrap the babies in "white sheets" to take them away.⁵¹

It took Elvira many years, to realize how close she came to death that day, as a child she continued to wonder why the other children had disappeared behind the "iron door" and she had not.⁵² However, she was far from "feeble-minded" and determined "to be active and avoid punishment", she began to try and impress the nurses by polishing the floor, and so she lived out the duration of the original T4 program, yet while she survived her sister Lisa did not, she was transferred just shy of her 5th Birthday.⁵³

A completely different form of memorialization is on display in the paper "**Blurred Edges: Representation of Space in Transgenerational Memory of the Nazi Euthanasia Program.**"

In which the author Erika Silvestri investigates how two women Hannah Bishof and her sister Gina commemorate their grandmother through a series of 16 paintings created by Hannah that collectively tell the story of their grandmother's life and death.⁵⁴

Maria Fenski was born August 14th 1905, she had her first psychological episode in 1922, she was diagnosed with "dementia praecox" and briefly hospitalized. In 1927 she married her husband Josef, and had a child, it was shortly after his birth, on September 9th 1928 she was admitted again to hospital this time she was diagnosed with Schizophrenia, and

wochenbettpsychose- post-partum depression she remained there until February of the following year.⁵⁵ Upon her release she and her husband moved to Berlin where they lived happily for a decade and had two more children together before in 1938 she was once again admitted to hospital with a diagnosis of “paranoid psychosis”, finally she was sent to Lichtenberg, where she reported to on June 24th 1939, having been admitted with a diagnosis of Schizophrenia., she would live 3 more years, but she would never be free of the T4 program again dying at Neuruppin Brandenburg August 7 1942, a week shy of her 37th birthday.⁵⁶

Unlike many victims of Aktion T4 Maria was clearly loved and supported by her family in life and in death. When a request was made in 1940 to have her sterilized her husband protested, protecting her life and dignity, even as he could not save it. When she died her husband had her body released and she was buried in Berlin⁵⁷ Her youngest son who had been only 7 when his mother died and did not really get a chance to know her because he was too young to visit her in Hospital, never stopped wondering about how she died and began requesting her medical records circa 1970, but it would take over 30 years and the fall of the Berlin wall for his daughters to finally get the file.⁵⁸ And even so there were still refinements of secrecy and shame, as the doctor who finally handed over the file said they were the first people to request a patients historical medical file, this could not have been true, because Herr Fenski had requested records years before.⁵⁹ In the file of itself there was a death certificate that listed the cause of death as “Heart Attack” which the family’s research revealed to be more likely to be a cover for starvation than her actual cause of death, Maria’s file even almost confirms this as it contains a table of her weight over stays within the various hospitals and indicates that she lost 30 kilos over the first three years as an institutionalized victim of Aktion T4, but the final section of the chart accounting for the last year of her life was apparently missing from the file.⁶⁰ Even a

generation after Maria Fenski's death was still shrouded in secrecy and shame. The modern director who handed over the files in 2003, hadn't even been alive when the crimes that lead to Maria's death had been committed, but he knew the doctor who had signed the death certificate, and as he was still living, it is reasonable to assume that the Director may have been covering for his colleague or protecting the hospital's reputation, but it is amazing to see even all those years later.⁶¹

Once Hannah Bishof and Gina, had done extensive research and data gathering of all the relevant files, they constructed a good timeline of her life that began with her birth and ending with her funeral and burial, Hannah created a series of 16 paintings that represented "snapshots" of her life that included mentions of life in, and transiting between various institutions as a captive of Aktion T4 as in the final four paints that all take place in the final year of Maria's life at Neuruppin entitled they include *Die Klinik*", *"Die Kapelle"* and *Die Sarge*, the clinic, the chapel, and the coffins.⁶² . Bishof decided to portray more of her grandmother's life than just her time in institutions because it was important to remind the viewer that Maria "had not always been so ill" that "she had an everyday life" and that she had been loved".⁶³ The earliest images, those before her final illness took hold are sharp and clear with discernable shapes and patterns, they represent Maria and Joseph's wedding or their new house, the clarity of the image corresponds directly with how much the family knows about the events depicted, and they take the sharp turn for the blurry in "Die Konturen verschwimmen—Psychiatrie" ("The outlines blur—Psychiatry"),⁶⁴ Another thing that stands out about Bishof's work is that humans are represented in 5 of the 16 paintings, despite the fact that this is a pictorial representation of her life, Maria's absence from these images does not signify her death, but rather a loss of "internal voice" where no documentation survives to indicate how she felt about what was going on, her image is absent from the painting.⁶⁵ Even where they are present human figures representing

either Maria or the other Fenski's are diminutive, nearly consumed by the horrible places and events they are witnessing; in one painting a small figure that is supposed to be Maria and the wall become one and the same, this represents June 24th 1939, the day she would enter hospital for the final time and never return home.⁶⁶

The author defines all of Hannah Bishof's work about her Grandmother as "Memory Objects" physical things created by the decedents of victims of crime and they serve to demonstrate how each new generation has constructed their narrative around who and what the event meant to them especially the first time it was discovered by them, further memory objects also give space for the creator to be an active part of sharing that memory with others-massive paraphrase wording mine-the author modifies this definition from commemorating a single event to an entire subject if it is widely shared as is the case with "The Cycle of Maria".⁶⁷

Also included in this paper is an interview with Maria Fenski's granddaughters and it opened my mind to a few things I had never thought of before, in terms of the impact of Aktion T4, and its effects on those who were already parents. The fate of the Fenski children, Josef Fenski was conscripted very early in the war and sent away, leaving nothing but a series of "different women" their father found to look after them, for a party that is so hyper-fixated on the supposed biological and mental welfare of its children, the Nazi Eugenics program must have put many families of "healthy" children in harm's way.⁶⁸ Second is how the Fenski family deals with the concept of some of them having Schizophrenia too, there is little doubt in the family's mind that their grandmother "was really schizophrenic", they believe the files when they say that "she always had the feeling of being observed, by someone behind her, looking for her".

Schizophrenia is a terrifying and stigmatizing disorder, but they also have an example of a loving family, that supported her through her life her illness and her death, and beyond yet they are also afraid to speak about it.⁶⁹ Hannah mentions how she "was always afraid of getting it", and it

prevented her treating her depression because she believed **“If I tell someone I’m feeling bad, they’ll take me to a clinic, and in the clinic, they’ll kill me”**: and then when Maria’s grandchildren wanted to have children of their own several members of the Fenski family consulted with doctors about their grandmother’s genetic legacy but “Everyone dealt with it on their own” because they were afraid of it.⁷⁰ It was doing some of the research for “The Cycle of Maria” that put to rest some of those fears, by clarifying what happened to Maria and how and why she died the family was able to heal from some of their intergenerational trauma caused by Aktion T4 and the death of Maria.⁷¹ The Cycle of Maria was exhibited in galleries throughout Germany including several places that were important to her life like Papenburg, where she was born, this public exhibition allowed viewers to discuss their own experiences with things like things like Post-Partum Depression, openly, but also in a public venue the artwork allows an opportunity to discuss the entire T4 programme, through the memory and Legacy of Maria Fenski, Maria has a legacy because she unlike many of the victims of Aktion T4 had a loving and supportive family that supported her in life and after death.⁷² I believe this is the best way to commemorate a person who has been a victim of Aktion T4 it humanizes the victim, brings piece to the family, and attention to the rarely discussed crimes of Aktion T4.

The story of Maria Fenski, is fundamentally commemorating and restoring memory on a family scale, while Markus Kreitmair’s work is about the memory, culpability and accountability on a community scale. As a disabled resident of Eltvile, he is much more interested, in how the community to which he belongs, commemorates the victims, holds the perpetrators accountable, and confront their own culpability regarding the crimes of Aktion T4 that were perpetrated in many cases right before their eyes.⁷³ Although Kreitmair states that the purpose of his paper is not to “blaming” the clinic staff or villagers, for what various longstanding political and scientific trends made them believe what they did about the disabled, and keeping the focus on

the victims themselves, but there are certainly many parts of Kreitmair's narrative where, Eichberg 's staff and members of the surrounding community, aided abetted and benefited from the crimes committed there.⁷⁴

Kreitmair succeeds at his goal of putting the victims at the center of his narrative by highlighting them at every opportunity, using sources that include, hospital administrative records, transcripts of the Eichberg-Hadamard Trial of 1946, unpublished works that include memoirs, and academic papers, and critically the interviews of 4 victims of Aktion T4 and/or their family members.⁷⁵

The Most compelling of these sources are the interviews with Ruth Preissler whom Kreitmair interviewed at length between June 1996 and September 1998, a inmate at Eichberg from 1940 until the end of the war, it is through her eyes that we see the full horror of what goes on behind Eichberg's walls, from her sterilization, through her experiences of work, crime, punishment, death and torture within the institutions, until finally she is liberated in 1945.⁷⁵ The testimony of Herr and Frau Ducker is also harrowing, in 1944, they sent their 12 year-old son Michael described as "mute" and "slightly retarded" son from Frankfurt to Eichberg, hoping to save their son from air raids on the city: Instead shortly after Michael's arrival all family visits were discontinued, and shortly after that the Eichberg's director notified Hans Ducker his son had died. Ducker was able to bring his son's body home for burial, and was horrified to realize that it was only "skin and bones".⁷⁶

Ruth Preissler was just 18 when she was sterilized for the crime of "crying herself to sleep at night"; it would take many years and much reflection to discover that her heritage-having a Jewish medical doctor for a father, who abandoned the family to flee the Nazis, and depressed by the fact her mother's new partner physically assaulted her- might have been a reason for the procedure; instead she was told she had to "sacrifice" her fertility "for the Fuhrer" .⁷⁷ The Procedure Ms. Preissler underwent was apparently slightly botched, she awoke to doctor's

saying they had nearly “lost”⁷⁸ her on the table, and as a result she was struck by “severe pain in her womb” , pain which persisted to a lesser extent for decades until the very day Kreitmair interviewed her, and of course the inhumane indignity of never being “allowed” to have a family of her own.⁷⁹

Unlike later inmates at Eichberg, Ms. Preissler, was not sterilized at Eichberg, as it did not yet have the facilities to do so, but she was transferred there in 1940 and remained there for the duration of the war.⁸⁰ As a result of the long duration of her imprisonment, she lived worked and suffered beneath both of Eichberg’s wartime directors Dr. Friedrich Mennecke (1904-1947), director from (1939-42)⁸¹ and Dr. Walter Schmidt (1910-1970) , Director from (1942-1945) ⁸² while Kreitmair’s research portrays both men as cable of the very worst acts of human depravity, to include, human experimentation torture, and murder, the legal consequences for two men could not be more different. Mennecke is convicted and sentenced to death at the Eichberg-Hadamar Trial in December 1946, but he was found dead in his cell shortly after he had been visited by his wife Eva, before the sentence could be carried out.⁸³ Schmidt was initially sentenced to life in prison in December 1946, and then had sentence appealed by the prosecution, and he was sentenced to death in 1947.⁸⁴ With the help of skillful- if entirely delusional- lawyering and well connected parents he was able to get a commutation back to life in prison as a Christmas gift in 1948.⁸⁵ This sentence was then reduced further to an almost comical extent by a community, petition,⁸⁶ and extensive media and letter writing campaign to request clemency on Schmidt’s behalf by members of the community of Hattenheim a town neighboring Eltvile where he had served the community as an on-call physician, while murdering his patients behind Eichberg’s walls.⁸⁷ What is most responsible for his early release however, is the idea that he invented a cure for multiple sclerosis, and that he needed to be released so that he could go back to “saving hundreds of thousands of people, suffering” from MS. The media then began to focus

on the idea that "'There is more utility for the suffering of mankind if such a doctor repents as a doctor rather than a prisoner.', and it was in response to this growing wave of support that he was released from jail in 1953, having served only 8 years.⁸⁸

Both Mennecke and Schmidt committed heinous crimes against the patients at Eichberg but only one of them paid the price for his actions, and this in large part for me comes down to the men's very different personalities, and willingness to engage with the community of which Eichberg was a part.

Friedrich Mennecke was the poster child for what Kreitmair called "Children of the *Kaiserreich*", young-in this case- medical- professionals, who's hopes and ambitions for a better life were "crushed" when the Weimar republic collapsed; these men were of blue-collar backgrounds, "with years of unemployment behind them". They were early members of the Nazi party, who remembered thinner times when the party had helped them secure a "meal ticket"; many were also in awe of big names within the Nazi intelligentsia and aspired to visit "grand places" When it came time to staff the earliest forms of the Euthanasia programs, it wasn't difficult to get these men to "carry out any orders they were given".⁸⁹

Friedrich Mennecke (1904-47) embarked on his career to become a doctor at the age of 19 after his father had succumbed to the effects of shell shock, and other war related disabilities, his graduation and his father's death also coincided with the worst economic conditions to strike the Weimar republic, had yet experienced.⁹⁰ This caused him to delay his pursuit of a medical career for a time until he could afford it, when he did enter medical school, he found that his extreme ambitions were moderated by the fact he had "little academic talent". He sat his final medical school exams twice, and had he not joined the SS on May 1st 1932, it is unlikely he would have become a doctor at all.⁹¹ As it was upon receiving his degree in 1934, Mennecke still found it

difficult to find a job either in Research, or patient-centered medicine, he avoided and left programs that required any level of intellectual vigor, and began to study Gynecology; it was during this period of bouncing from job to job that he met Fritz Brenotat head administrator of Eichberg. Brenotat wasn't looking for a scientific phenom, or a miracle worker but "someone who could be used as a tool", a "political doctor" who advanced his career not by performing good or complex acts of healing, but by winning the favour of influential superiors, and could be relied upon to do things that were truly vile.⁹² Mennecke's career relied upon his pursuing the attention of whoever he believed he could be most useful in power and he socially climbed zealous, but he was only ever interested in being useful to those above him, the colleagues he wasn't actively trying to impress weren't worth his time. It quickly became apparent that his medical knowledge was "broad rather than deep" and that he would rather play cards and drink with his SS colleagues rather than look after his patients resulting in public "drunken behaviour", that often saw Mennecke stumble back to Eichberg to sleep it off before he had the opportunity to pay his bill.⁹³ He was also terribly insecure and a coward, he wrote to his wife every day, about everything, when he was away-which was often- from what he ate to who he met with ⁹³ At the beginning of the war Mennecke was drafted to be a physician⁹⁴, and sent to the front lines, as Mennecke had spent none of his career honing any practical medical skills, and because he feared becoming a causality of the war, he began using all his party political connections to reprieve him from service, citing his need to return to his fiancée as reason, he was excused from service in January 1940, having served a maximum of 4 months at the front, and despite writing Eva a letter that made it seem like he had been spared the gallows, he had managed to see no front line action⁹⁵. In the case of Friedrich Mennecke evil was not only banal but cowardly.

It was within a month of his return to Eichberg in February of 1940 that Mennecke began establishing the connections that would tie both him and Eichberg into the T4 for the duration of

the war.⁹⁶ Thus would include several trips to Berlin to clarify the exact role Eichberg would play in the program. The parameters were set here for all that would follow, the disabled people who could not “support the institution with their labor” would be killed, those that could would be spared until they were no longer useful.⁹⁷ There were also provisions made for Mennecke to take on an “advisory” role at several concentration camps where his experiments would kill 2,500 people, and finally provisions for an eventual children’s ward to be run by Dr. Schmidt, from which Mennecke promised to provide the brains of children who died on the ward.⁹⁸

After Mennecke returned to Eichberg his political and personal ambitions took him increasingly abroad away from the Eichberg, thus it was Walter Schmidt, a well-connected, and wealthy son of an architect, described as “tall”, “handsome” and “not without charm”, took over the role as director in Mennecke’s absence.⁹⁹ Schmidt would finally become the Director of Eichberg in all but name when Mennecke was sent back to the front at the end of 1942.¹⁰⁰ Mennecke and Schmidt were personally rivals, with Mennecke perceiving the younger more competent man as a threat to him both professionally and personally he tried to protect his power and authority in childish ways, but unfortunately for the patients the personal disdain each man had for the other did not interfere with how “zealously” each man supported the goals of the Euthanasia programs of the Third Reich.¹⁰¹ Unlike Mennecke Schmidt considered himself “as a medical scientist whose research was crucial to find cures for diseases of the central nervous system.”¹⁰² He attempted to achieve this goal by running Eichberg’s special children’s ward where he collected the brains of 100s of children for the research of doctor Carl Scheinder, he was particularly interested in the brains of twins, dwarves, and “mentally retarded” children particularly the shape of the brains which Scheinder told Schmidt to modify by means of removing spinal fluid via spinal tap before death.¹⁰³ Schmidt was eager to comply with the request for brains, but 50% of Eichberg’s children were already dead, and the conditions at Eichberg so poor that, the

surrounding larger institutions refused to send their children to Eichberg, leaving him after a point to rely largely on children from far afield or voluntary admissions from the local community.¹⁰⁴ All told Scheinder and Schmidt would be play a large role in sending 15,000 people to their deaths at Hadamar¹⁰⁵, Schmidt was responsible for the deaths, and mutilation of the bodies of at least 400 children, and he was responsible for deaths of 100s of adults, either by killing them directly or certifying them as necessary allowing another staff member to partake in the act itself.¹⁰⁶

Doctors often play the role of monstrous villain, in all the work surrounding Aktion T4, and with his focus on Mennecke and Schmidt Kreitmair's thesis is no exception, but later work including **LeRoy Walters' Paul Braune Confronts the National Socialists' "Euthanasia" Program**¹⁰⁷ it indicates that not all institutional directors were made aware of the T4 program, but began in early 1940, Paul Braune director of Hoffnungstaler Anstalten an institution just north of Berlin, began to hear rumors that institutionalized psychiatric patients were being killed, but he did not know whether the allegations were true or just "groundless conjecture".¹⁰⁸ Braune was a member of "The Inner Mission Central Committee", that oversaw the administration of many Protestant institutions across Germany, it was through this network of contacts across Germany that he was able to uncover the existence of the Aktion T4 program.¹⁰⁹ His first confirmation that might substantiate the rumors came from the Grafneck institution that had recently been taken over by the Reich Interior Department, but had formerly been a protestant run institution, "that thirteen of its male epileptic residents were to be transferred "to another place." Strikingly, the patients selected for transfer were the first thirteen on an alphabetical list of residents. A few days later, a relative of one of these epileptics told the housefather at *Pfingstweide* that he had been informed that his relative had died of influenza. Further, he was told that the young man's body had been cremated in order to prevent the spread of infectious

disease.¹¹⁰ Braune who had received the diagnostic paper work for Aktion T4 in the mail for patients at his own institution but had not yet completed them, began to investigate the rumors further in order to protect his residents. Over an intensive 2.5 month investigation involving information 4 of 6 killing center locals, he was able to determine that those marked for death and transferred to other institutions were given a specific code in the records at Grafneck this code always began with an 'A ' for example **A 498**, that these patients were often transferred to other institutions died by lethal injection-no mention of gas chambers- and their bodies were then cremated and given a false cause of death to cover it up.¹¹¹ In terms of actively protecting his patients all Braune could do was delay the transports to other institutions by claiming to be unprepared for their arrival.¹¹² Once he saw a pattern Braune met with every Third Reich official who would acknowledge him, and hoping that this was a bug and not a feature of Reich policy, presented his evidence, one of the meetings he took was with the Reich Minister of Justice who lied feigned shock and promised to help him. For flying too close to the sun Braune was arrested in October 1940 for charges stemming from his investigation. He was promptly bailed by his contacts within the Inner Mission, but that was the end of his resistance,¹¹³ All was not completely lost however for one of the people he contacted about the goings on at Grafneck was the Bishop of Wuttemberg who would become a colleague in calling for the end of Aktion T4 in the summer of 1940, and while we know that the end of Aktion T4 was not the end at all, but as Kreitmair's thesis points out when T4 was transformed into Operation Brandt in August of 1941, it necessitated the removal of gas chambers- the last one was at Hadamar and it was operational until summer 1942, because of the telltale traces of cremation left in the air, and this at least prevented mass killing, instead of dozens being killed a day the rate of death fell significantly at most hospitals sometimes into the single digits.¹¹⁴

Starvation is mentioned either directly or in passing in the majority of sources in this paper, but nowhere is the injustice of starvation shown more starkly than in Kreitmair's thesis. He does this by describing the meals eaten and the beverages drunk by the staff at Eichberg institution vs what inmates like Ruth Preissler, who worked within the institution could expect to eat. For the staff diets he looks to the letters of Mennecke who would often brag to his wife about the opulent meals enjoyed "two thick slices of boiled ham , peas and carrots, green salad, boiled potatoes and barley soup," and cheese and chemes on the dessert plate.¹¹⁵ Meanwhile Ruth Preissler who worked as a washer woman and a nurses' aid received only "wo slices of bread with "a kind of sugar beet spread"¹¹⁶ for breakfast, "potatoes, carrots, and bread", for lunch and a repeat of breakfast for dinner, because she worked with the nurses and orderlies, Ms. Preissler was sometimes snuck food by them, without which she feels she would have starved .¹¹⁷ What was universally true of all of the residents of Eichberg was that they were all starving by degrees, from 1940 only 0.40 RM was allotted for all of the care to each prisoner each day, this as Kreitmair points out wasn't even enough to feed a single adult, let alone clothe and house them.¹¹⁸ What was universally true was that those who worked in either the "family care" or "work therapy" programs- for profit programs¹¹⁹ that saw up to 400 ¹²⁰of Eichberg's patients at a time "leased" as a labour to local businesses- ate better than those who could not. Eichberg's most severely disabled patients were known as "useless eater"¹²¹ kept in large rooms with a nurse responsible for caring for 80-90 patients, they were kept unclothed and often the windows were left open on the wards in winter.¹²² Inmates on these wards partook in "vicious" fighting over food and the weaker and meeker inmates were simply aloud to starve to death.¹²³ Further, despite is own very grand diet Dr .Mennecke forbade "special" feeding meaning that if one did not have the capacity to feed themselves they were left to starve to death.¹²⁴ By contrast Director's Mennecke and Schmidt had access to a villa garden that the inmates tended that

provided them with an excess of fruit and vegetables that always provided more than director and his family could eat, so Eva would can and then sell the excess, in the neighbouring market town, leaving none to benefit the residents themselves.¹²⁵ To add insult to injury Dr. Mennecke had a wine habit so expensive a single bottle of his chosen vintage could feed a resident for a week.¹²⁶ There has been some extended research into the long-term effects of starvation on psychiatric patients: in her paper “What Happened After T4? Starvation of Psychiatric Patients in Nazi Germany” Mary V Seeman highlights the fact that it was best practice after the initial shutdown of Aktion T4 in August of 1941 to use a “fat-free” diet as “cheap” way to continue the Euthanasia program.¹²⁷ She further emphasizes that the Eichberg facility was known as one of the worst possible institutions for starving to death in all of Germany and that it was not by Bishop Clemens von Galen knew it as such.¹²⁸ Just as damningly she concludes that is responsible for excess for a minimum of 12% excess mortality in Allied occupied Germany after the war, and that the rate of mortality among psychiatric patients did not return to expected levels in all occupied zones until 1949, it varied by whether the occupying forces were Soviet, French, British or American , but they were knock on effects of the starvation campaign.¹²⁹

Kreitmair’s final points have to do with the culpability of the community and whether people with disabilities can ever expect to get justice within it. For as much as he often refers to the residents of Eichberg as “Inmates”¹³⁰ he is sure to point out that Eichberg is not a typical prison. Indeed the local economy-particularly the winemakers relied on cheap labour of the Eichberg residents to complete their harvests without “greater loses”¹³¹. So did these people who worked along side the disabled inmates of Eichberg still believe that disability was a “social illness” , both hereditary and contagious ?¹³² Kreitmair does not ask questions he states facts but when he mentions that Eichberg, sent its patients into the vineyards to work in wooden clogs, when it was well known that shoes made by the residents in their shoemaking workshop were available for

purchase in town, you can almost hear him ask did anyone care? ¹³³ Likewise when people came to purchase Eva Mennecke's ill gotten fruit did any of them consider that the residents might need it? ¹³⁴ These are just a few of Eichberg's interactions with the community that defy logical explanation; going partway to the explanation of this conundrum is Kreitmair's contention that "Nazis manipulated the public with their numerous vicious campaigns against the disabled."¹³⁵ In part we can understand this to be true particularly when Kreitmair mentions a series of Nazi propaganda films and text book questions, and other media designed to get the German public to turn on the disabled they include the propaganda films *Erbkrank*¹³⁶, *Opfer der Vergangenheit*¹³⁷, and most importantly *Ich Klage An*¹³⁸, a 1941 feature length film that greatly influenced Walter Schmidt's medical philosophy and practice ¹³⁹. Still, I do not buy the premise that ideas no matter how deep seated can be the sole cause of any atrocity. Kreitmair leaves his thesis having shone a bright light on a little known injustice done to the patients of Eichberg, at this he succeeds but he leaves the question of what should be done to right this wrong or commemorate the victims to enshrine their memories as life that should have been fully lived. There is however, a final work I would like to highlight, that does reach into the commemoration and remembering space it is "Child Murder in Nazi Germany: The Memory of Nazi Medical Crimes and Commemoration of "Children's Euthanasia" Victims at Two Facilities (Eichberg, Kalmenhof) " by Lutz Kaelbur, it is a work that cites Kreitmair's thesis to explain the ins and out of child euthanasia at Eichberg, but it also goes beyond that to suggest ways that "Anniversaries", "memory agents" such as pastors, and the internet can all be used to help commemorate lives that were never meant to be long enough to remember.¹⁴⁰

In 2000 Markus Kreitmair was asking for justice on behalf of all those family members of victims and victims themselves who are still alive or within memory. Now twenty-three years later, those who were alive are dead, and those who were dead are beyond remembering, this makes

academic and social records of these lives so important, and Markus Kreitmair has done those of us wishing to do that particularly in the English-speaking world a great service of making the lives of so many people so accessible in one document. It would be difficult however for one to follow in his footsteps as a non-German speaker, one of the things that I noticed when researching for this paper is that the vast majority of sources are in German¹⁴¹, but even there if one could speak fluent German, most papers rely on the work of a few key academics and or historical figures like Binding and Hoche, which tells me that there isn't much documentation or scholarship around Aktion T4 which is pretty shocking considering that the Holocaust section takes up almost an entire floor of some university libraries. I wanted to do an addition to Kreitmair's work in some way and I found it impossible to do in the time given, but I am glad to see that all of the works cited for this paper have come out long after he wrote his which means this is an emerging area of study and I hope we can continue to uncover new names and give the victims of Aktion T4 the dignity of being remembered. Writing this paper is a task that broke my soul, but I am glad to have learned the names and the fates of so many disabled people. I hope that one day learning about Aktion T4 will be a more accessible endeavor, until then I aspire to be as good a careful a scholar as Markus Kreitmair is, and I thank him for providing me the opportunity to learn about Eichberg victims in a such a comprehensive way.

End Notes

1. Markus Bendikt Kreitmair, "In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany" (Masters diss Simon Fraser University 2000).

2. Ibid 1

4. “Martin Kitchen: Professor Emeritus”, Simon Fraser University Department of History Accessed December 29th, 2023 <https://www.sfu.ca/history/faculty-and-staff/retired/martin-kitchen.html>

<https://collectionscanada.gc.ca/obj/s4/f2/dsk2/ftp03/MQ51380.pdf>

7. Florian Steger, “Gunzberg State Hospital and the “Akton T4” a systematic review”, *Neurology, Psychiatry and Brain Research*, (2016) 40-45 <https://pdf.sciencedirectassets.com/280593/1-s2.0->

[2FK0tUt5eI9cDn9aDOB6fZyngqlm9DUyfdzrSb%2B0j2Ln3DrG2mrqFlbggS72ANpk04aCbBEdkINaW
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1%2Fs3%2Faws4_request&X-Amz-
Signature=5fla128cf77f44220d656d90cbf033abdd737ac27d9d0835199759fd900a8a6a&hash=69959928
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9b270f6af2c76d8dfd086a07176afe7c76c2c61&pii=S0941950015300440&tid=spdf-132a758c-dc08-4cca-
a30a-
071df9855273&sid=168811af9a9aa1468b49a9c2ebd42e2472a4gxrra&type=client&ua=19015a51020206
580502&rr=83deb9ec282cc391&cc=ca](https://www.nlc-bnc.ca/obj/s4/f2/dsk2/ftp03/MQ51380.pdf)

8. Markus Bendikt Kreitmair, “In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany” (Masters diss Simon Fraser University 2000) 37

[MQ51380.pdf \(collectionscanada.gc.ca\)](https://www.collectionscanada.gc.ca/MQ51380.pdf)

9. “Eichberg (Eltsville) (Landesheilanstalt Eichberg)”, The University of Vermont, Accessed January 9th 2024 <https://www.uvm.edu/~lkaelber/children/eichberg/eichberg.html>

10. Markus Bendikt Kreitmair, “In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany” (Masters diss Simon Fraser University 2000) p. 34

Among many others see foot notes 88 and others

<https://www.nlc-bnc.ca/obj/s4/f2/dsk2/ftp03/MQ51380.pdf>

11. Ibid 64

12. Ibid 136

13. "Database of Holocaust survivors, and victim names", The United States Holocaust Memorial Museum., Accessed January 9th. 2024.

<https://www.ushmm.org/remember/resources-holocaust-survivors-victims/database-of-holocaust-survivor-and-victim-names>

14.. Markus Bendikt Kreitmair, "In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany" (Masters diss Simon Fraser University 2000) p. 28

<https://www.nlc-bnc.ca/obj/s4/f2/dsk2/ftp03/MQ51380.pdf>

15. Ibid

16. Ibid 26

17. Ibid 27

18. Ibid

19. Ibid

20. Michael A Gordin, Erin L Miller and Jonathan I Kelly, " The Nazi Physicians as Leaders in Eugenics and "Euthanasia": Lessons for Today", *American Journal of Public Health*, 108 no.1 (Jan 2018): 53-57

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5719686/>

21. Michael Robertson, Astrid Ley, Edwina Light, *First into the Dark: The Nazi Persecution of the Disabled* (UTS ePress 2019) pg 36

Accessed via Jstor on January 1st 2024.

<https://www.jstor.org/stable/j.ctv1w36p9p.8?seq=12>

22. Ibi 24.d

23. Ibid

24. Ibid 37

25. "Prof. Dr. Ulf Schmidt ", Universitat Hamburg, Accessed January 15th 2023

] <https://www.uni-hamburg.de/>

26. . Edmund Glaser, " Ulf Schmidt's -The Nazi Doctor: Medicine and Power in the Third Reich and Justice at Nuremberg: Alexander and the Nazi Doctors Trial, *Journal of Hatte Studies*,, 7 no.1 (2009):109

27. "Philip Bouhler" Spartacus Educational, Accessed January 1st 2024.

the relevant section of Schmidt's book is cited as citation 1 below the article stub, it confirms the controversy around the dates and the reason Historians previous to Schmidt could differ so wildly in terms of the biography and abilities of one little boy

31. Ibid

Neurology, Psychiatry and Brain Research, (2016) 40-45 <https://pdf.sciencedirectassets.com/280593/1-s2.0-S0941950016X00036/1-s2.0-S0941950015300440/main.pdf?X-Amz-Security-Token=IQoJb3JpZ2luX2VjEHEaCXVzLWVhc3QtMSJIMEYCIQD4Jeqai2W9B%2B0jhbbWUix8X%2FTt70Csg9cN7CAmxEEdmsQIhAPDLs8Xp9mD5gQAUFHIs8WomrPlMe%2BjogiC2C0m6rBEPKrsFCPr%2F%2F%2F%2F%2F%2F%2F%2F%2F%2F%2FwEQBRoMMDU5MDAazNTQ2ODY1IgxoVzvXLgmX EJ%2B7b8qjwWVXIQ5Io97eIMG4qTAHe8XESeHqfv5bGVOREtYv4PMWL5ihqt6oSOU6Z8d5fF%2BoLMlbqCN%2FyFHxV4it2tsy3F09e%2F5LnX6ZmkFsmwAuBkfCzRug%2FuVO6LU89NtmAKrDgP vquOaox9lYswwpmpm%2FEufPNAlDTA%2BzfIXolJN3rayaeg%2FQARfelpW0g61DliCb6JulYKcaa7WQPwOsdgb9eAiVVMQ8YKszuOI3Zuqzi844kISKqXY1EFqQfuTvs3coiDIXLWUYpYsUMj90PTPXoa5yc1p8TvxFd78ugnOwQTFRasdtXQgVTM5H9ulotXvr5xDxt%2FOIlJK31RDNfcoYRiyOs0ksZKE%2BY KJMfPlugTVBlyQiapB21lQhwtN9tZKMAjWoAvAN5H89vMkdiz0TKnjBZlwBxbwblYuXrAbkHnnJe Z9Fx56Q7exsbYu8pTqbBHYzaol2HsAxguz2hn10YhrGeVnwROoasssjHGyyjmo2XJecV%2BzoKcV%2FK0tUt5eI9cDn9aDOB6fZyngqlm9DUyfzdrSb%2B0j2Ln3DrG2mrqFlbggS72ANpk04aCbBEdkINaWEUpFy75B2ihqSPfpbxXG8uVqord5INVh%2Fy7dqoFcZHGUaklip80mrm7fPPc639bP2GxyUP6qbkesa>

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VzbeAl5eP%2FmOJepAUfctkeb5PkXFUng%2BuM%3D&X-Amz-Algorithm=AWS4-HMAC-
SHA256&X-Amz-Date=20231231T012501Z&X-Amz-SignedHeaders=host&X-Amz-Expires=300&X-
Amz-Credential=ASIAQ3PHCVTY7WTEH5DT%2F20231231%2Fus-east-
1%2Fs3%2Faws4_request&X-Amz-
Signature=5f1a128cf77f44220d656d90cbf033abdd737ac27d9d0835199759fd900a8a6a&hash=69959928
e82a445e48ca5f5838c9a49d70c02d05e7564f255618db3089e5ffd8&host=68042c943591013ac2b2430a8
9b270f6af2c76d8dfd086a07176afe7c76c2c61&pii=S0941950015300440&tid=spdf-132a758c-dc08-4cca-
a30a-
071df9855273&sid=168811af9a9aa1468b49a9c2ebd42e2472a4gxrrqa&type=client&ua=19015a51020206
580502&rr=83deb9ec282cc391&cc=ca](https://collections.canada.gc.ca/obj/s4/f2/dsk2/ftp03/MQ51380.pdf)

33. Ibid

34. Ibid

35. See Appendix A

36. 13139

<https://collections.canada.gc.ca/obj/s4/f2/dsk2/ftp03/MQ51380.pdf>

37. Jonathan Beckwith, Kostia Bergman, Michael Carson, Tobias Doerr, Lisa Geller, Robin Peirce, Sheldon Krinsky, Carol Martin, Marina Santiago, Amy Vashlishan Murray, Celestine Warren and Chad Zichterman, “Using Dialogues to Explore Genetics, Ancestry and Race”, *The American Biology Teacher* 79, no.7 (September 2017) 525 DCL

38. Markus Bendikt Kreitmair, “In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany” (Masters diss Simon Fraser University 2000). pg.3

39. See Appendix A to include citations

]40. Ibid

41. A review of all endnotes including those in Appendix A

42. Michael Robertson, Astrid Ley, Edwina Light, *First into the Dark: The Nazi Persecution of the Disabled* (UTS ePress 2019) pg 13

43. Ibid 16

44. Ibid 16

]45. Ibid 17

46. Ibid 17

47. Ibid

]48. Ibid 10

49. Ibid 10

50. Ibid 10-11

51. Ibid 11

52. Ibid 15

53. Ibid 19

54. Erika Silvestri, “Blurred Edges: Representation of Space in Transgenerational Memory of Nazi Euthanasia”, *Genealogy*, 7, no. 19 (2023).

DOI 10.2753/IMH0020-741 1350401

55. Ibid <https://www.mdpi.com/2313-5778/7/1/19>

56. Ibid

57. Ibid

58. Ibid

59. Ibid

]60. Ibid

]61. Ibid

]62. Ibid

]63. Ibid

]64, Ibid

]65.Ibid

66. Ibid

67. Ibid

]68. Ibid

]69. Ibid

70. Ibid

71. Ibid

72. Ibid

73. “Martin Kitchen: Professor Emeritus”, Simon Fraser University Department of History Accessed December 29th, 2023 <https://www.sfu.ca/history/faculty-and-staff/retired/martin-kitchen.html> pg. 2

74. Ibid pg.3

]75. Ibid 139-140 from the beginning of the “Bibliography” section to the Secondary sources

76. Ibid 121

77. Ibid 47

78. Ibid

79. Ibid 48

80. Ibid

81. Ibid 50

82 Ibid 52-53

83. 131 see footnote 401

84 Ibid 132

85. Ibid 133

86. Ibid

87. Ibid 133-134

88. Ibid 135

89. Ibid 33

90 Ibid 50

91, Ibid 50-51

92. Ibid 52

93. Ibid 53

94. Ibid 52

95. Ibid 53-54

96. Ibid 55-56

97. Ibid 56

98. Ibid 56-57

99. Ibid 53

100.Ibid 58

]101. Ibid 113

102. Ibid 113

103. Ibid 115

104. Ibid 115-116

105. Ibid 107

106. Ibid 132

107. LeRoy Walters, “Paul Braune Confronts the National Socialists' "Euthanasia" Program”,
Holocaust and Genocide Studies 21, no. 3 (Winter 2007)

<https://muse-jhu-edu.eu1.proxy.openathens.net/article/231004>

108. Ibid

109 Ibid

110. Ibid

111. Ibid

112. Ibid

113. Ibid

114 Ibid and **73.** “Martin Kitchen: Professor Emeritus”, Simon Fraser University Department of History
Accessed December 29th, 2023 <https://www.sfu.ca/history/faculty-and-staff/retired/martin-kitchen.html>
[pg.](#) 104

115. “Martin Kitchen: Professor Emeritus”, Simon Fraser University Department of History Accessed
December 29th, 2023 <https://www.sfu.ca/history/faculty-and-staff/retired/martin-kitchen.html> [pg.](#) 65

116. Ibid 70

117. Ibid 70-71

118. Ibid 59

119. Ibid 60-61

120. Ibid 64

121. Ibid 71

122. Ibid 73

123. Ibid 72

124. Ibid 73

]125. 66-67

126. Ibid 63

127. Mary V Seeman, “What Happened After T4?: Starvation of Psychiatric Patients in Nazi Germany”, *International Journal of Mental Health* 35, no.4 (Winter 2006-7) p. 7

128. Ibid 8

129 Ibid

130. Ibid Markus Bendikt Kreitmair, “In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany” (Masters diss Simon Fraser University 2000). 70

<https://collectionscanada.gc.ca/obj/s4/f2/dsk2/ftp03/MQ51380.pdf>

[131. Ibid 63](#)

[\] 132 Ibid 18-19](#)

[133 Ibid 64](#)

[134. Ibid 66-67](#)

[\]135. Ibid 131](#)

136. “**Zeitgeschichtliche Filmdokumente 1936 - Erbkrank - Dokumentation - Deutsch**”, Youtube.com, Accessed January 21st 2024
<https://video.search.yahoo.com/search/video?fr=mcafee&p=erbkrank+1936&type=E211US1274G0#id=1&vid=03491b30db190f30a661984a66102662&action=click>

137. “Sterilization; marriage health law”, United States Holocaust Memorial Museum, Accessed January 21st 2024

<https://collections.ushmm.org/search/catalog/irn1002456>

138. “Ich Klage 1941” , The Internet Archive, Accessed January 21st 2024

<https://archive.org/details/forbiddenfilmmr18of36ichklagean1941>

] 139. .Markus Bendikt Kreitmair, “In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany” (Masters diss Simon Fraser University 2000). pg. 113

140. Lutz Kaelber, “Child Murder in Nazi Germany: The Memory of Nazi Medical Crimes and Commemoration of “ Child Euthanasia”, Victims at Two Facilities (Eichberg, Kalmenhof)”,*Societies*,2, no.3 (2012)

<https://www.mdpi.com/2075-4698/2/3/157>

<https://doi.org/10.3390/soc2030157>

141. “ Eichberg (Elville) (Landesheilanstalt Eichberg)”, University of Vermont, Accessed January 21st 2024

<https://www.uvm.edu/~lkaelber/children/eichberg/eichberggoldx1.html>

see source list

Appendix A

Through this process Hitler successfully transforms disability from an unfortunate personal struggle, into what Kreitmair calls a “social illness” if Germany were now a bio-political state and the state could be envisioned as a body then disabled people made it sick with their “desperate social, moral, and racial instincts.”, that had made them disabled.^A Disability in the Third Reich then takes on a bizarre hybrid quality, between a disability and a disease the term for the disabled is the “incurably ill”^a and in this term it encapsulates why the Nazis saw disability as a threat, one could be born incurably ill because it had been passed to them by their parents- hence it was important that all those deemed such be sterilized.^b Or one could catch it like a disease and so people with disabilities had to be kept away from the healthy public, keeping them away in institutions where care and meals had to be provided was an economic burden to the Third Reich and its citizens and so they must be killed.^c The list of reasons that one could be sterilized and eventually killed is a perfect example of how the N. S.D.A.P transformed disability from something to be pitied into something to be feared. Under the Prevention of Hereditarily diseased Offspring Act a person could have one of seven conditions that would render it acceptable for them to be “made infertile”. These were: “Congenital Mental Deficiency”, “schizophrenia”, “circular mental deficiency”-bipolar-, hereditary epilepsy, “Hereditary St. Vitus Dance” -Huntington’s Disease-, “significant blindness”, “significant deafness”, “severe hereditary deformity”, “severe alcoholism” .^d The universal understanding of genetics at that

time was in a word mendelian, a simple Dominance recessive, relationship wherein a dominant condition affects 50% of all children requiring a single dominant allele from one parent, or recessive which requires 2 copies of a recessive allele and therefore affects 25% of children have a recessive trait, the most commonly taught example of this is brown vs blue eyes, where brown is the dominant allele and blue the recessive. ^e Of the seven conditions listed above that listed above only one Huntington's follows the mendelian model of inheritance ^f Human genetics are far more complicated than anyone in the 1930s understood them to be indeed as of 2002, 20 new genes were being discovered every single week ^g At a certain point one must draw the line between what is known now and was known then, and certainly, it is unreasonable to expect medical professionals-whether their intentions were for good or ill- to understand the complexities of the human genome, when modern doctors and scientists barely understand it themselves, but what they might have understood because Darwin did was the Necessity of genetic variation, the first chapter of *The Origin of the Species* is entitled "Variation Under Domestication" ^h , while the second chapter is entitled "Variation Under Nature" ⁱ , each of which contain subsections such as "correlated variation" ^j . The concept of genetic variation is so important to Darwin and the broader theory of evolution, because it is from this variation that natural selection does its selecting, the more genetic variation available, the more likely some percentage of that population is resistant to new diseases, and the less likely people are to carry 2 copies of a recessive gene that causes a hereditary conditions ^k . There are two other mechanisms that change the amount of existing genetic variation "gene flow" and "genetic drift". ^l Gene flow is the change in the prevalence of genetic traits caused as different individuals moving between various communities of their own species, passing their genetic material around as they interact with other mates, in the animal kingdom this is called migration, among humans this would be known emigration or immigration.. Finally genetic drift is a change in the variation

of the genetic material due to “random chance”, usually this refers to a catastrophic loss of genetic material due to a massive die off or change in landscape that separates populations of animals causing a loss of genetic variation and this results in the loss of certain alleles and the concentration of others. Due to the adaptability of humans, people living in modern times rarely experienced the consequences of true genetic drift as caused by a natural disaster, but as my biology professor pointed out war has the same effects on communities of people as genetic drift does on animals, the mass death particularly among one sex of a species, would have the same effect on genetic variation as genetic drift does, but war is not a true example of this mechanism because wars do not occur by chance and nor can any event that happens at war happen randomly .^m

Please note nowhere in the previous paragraph is the word “race” mentioned, as **race is a social construction not a scientific one.**ⁿ. Indeed the amount of genetic variation within the human species is only **0.5% of the entire human genome**, this is among the lowest amount of variation of any species on earth.^o However, this limited genetic difference has a disproportionate effect on people’s outward appearance coding for things eye colour, “**skin colour**” stature and facial features.^p When humans assign social and cultural values to these traits mostly in the case of eugenic movements to do with associations with “**beauty**” or “**intelligence**” that communities begin to group them into “**rac**es”, all societies across all of history have done this but the eugenics movements did this to a devastating cost on human life.^q Eugenics movements the world over use “**so-called scientific ideas from the field of genetics and convert them to social policy**”^r but that “**the development of racial categories was never based in valid science**”.^s Still a great deal of genetic research has gone into this 0.5% of our DNA and it has successfully been researched to discuss human origins and ancestry , but there is still those who investigate the relationship between this small amount of variance and human health outcomes^t.

And while part of the answer as to why certain groups in society present with more severe cases of certain disease can in small part be explained by that 0.5 % difference in DNA, the majority of the reason for difference is likely “Personal biases or beliefs that are entrenched in a society can influence the practice of science” and medicine, and further that “**personal prejudice**” of the both the doctor and patient, effect when and how a person seeks and receives treatment u.

- A) .Markus Bendikt Kreitmair, “In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany” (Masters diss Simon Fraser University 2000) p/18
- a) .Markus Bendikt Kreitmair, “In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany” (Masters diss Simon Fraser University 2000) p/ 19
- b) Ibid 18
- c) Ibid 19
- d) Ibid 22
- e) “Eye Colour and its Inheritance” Cornell University, Accessed January 7th 2024 <http://labs.plantbio.cornell.edu/wayne/Light%20and%20Life%202016/2315%20Iris%20color%20and%20heredity.pdf> this is a long document please see page 112-113 for eye colour examples and 101-102 for background on Gregor Mendel
- f) “Huntington’s Disease”, The National Institute of Neurological Disorders and Stroke, Accessed January 7th 2024 <https://www.ninds.nih.gov/health-information/disorders/huntingtons-disease>
- g) John Scally, “A Little Genetic Knowledge is a Dangerous Thing: Eugenics and the Genetics Revolution”, *Studies: An Irish Quarterly Review*, 91, no.361, (Spring 2002) p 20 DCL <https://www.ninds.nih.gov/health-information/disorders/huntingtons-disease>
- h) Charles Darwin, *On the Origin of Species*, (New York: Random House, 2009), 24.
- i) Ibid 65
- j) Ibid 185
- k) Leon J. Guppy, “Natural Selection and Evolution”, Biology 1110: Principles of Biology: The Biosphere, (class lecture, Douglas College, New Westminster, BC, week of September 11th 2023).
- l) Ibid
- m) Ibid
- n) Jonathan Beckwith, Kostia Bergman, Michael Carson, Tobias Doerr, Lisa Geller, Robin Peirce, Sheldon Krinsky, Carol Martin, Marina Santiago, Amy Vashlishan Murray, Celestine Warren and Chad Zichterman, “Using Dialogues to Explore Genetics, Ancestry and Race”, *The American Biology Teacher* 79, no.7 (September 2017) 525 DLC

- o) Ibid 525**
- p) Ibid 525**
- q) Ibid 525**
- r) Ibid 526**
- s) Ibid 525**
- t) Ibid-525-526**
- u) Ibid 526**