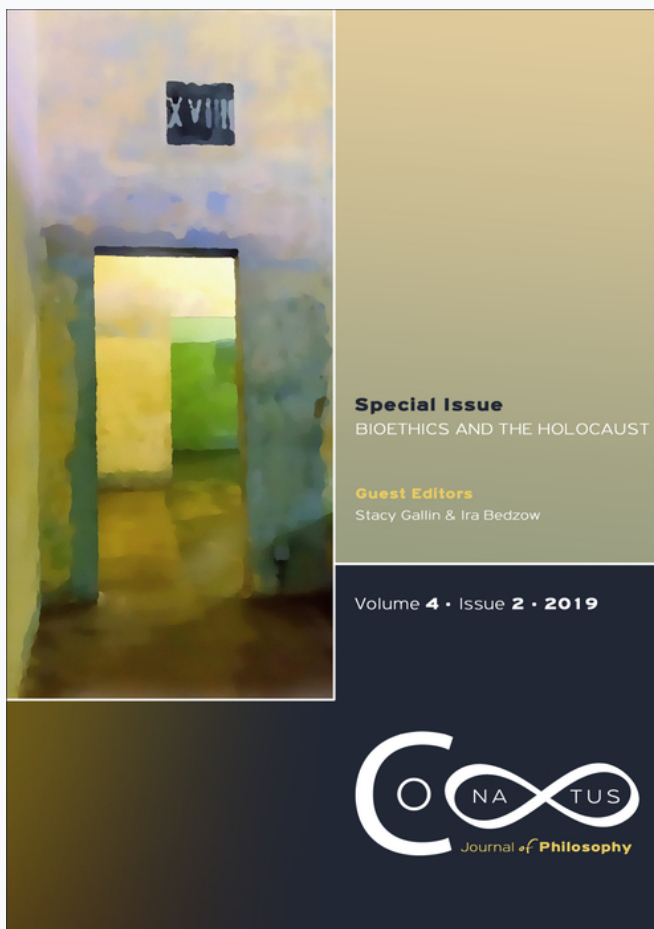


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First Victims at Last: Disability and Memorial Culture in Holocaust Studies

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First Victims at Last: Disability and Memorial Culture in Holocaust Studies

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Abstract

This essay begins with a Berlin memorial to the victims of National Socialist “euthanasia” killings first unveiled in 2014. The open-air structure was the fourth such major public memorial in the German capital, having followed earlier memorials already established for Jewish victims of Nazi atrocity in 2005, German victims of homosexual persecution in 2008, and Sinti and Roma victims in 2012. Planning for the systematic persecution and extermination of at least 300,000 infants, adolescents, and adults deemed “life unworthy of life” (Lebensunwertes Leben) long preceded and extended beyond the 12-year Nazi period of massacre linked to other victim groups. Yet those constructing collective memory projects in Berlin appear to consider these particular victims as an afterthought, secondary to the other groups. Rather than address the commemorations themselves, this essay addresses the sequence in which they have appeared in order to demonstrate a pattern of first-victimized/last-recognized. I argue that the massacre of Jews, Roma, homosexuals, and others had to come into legal jurisprudence, scholarship, and public memory projects first before the murdered disabled body and its related memorialization could be legitimized as a category of violence important in and of itself. I argue further that the delay is rooted in a shared trans-Atlantic history that has failed to interrogate disability in terms of the social and cultural values that categorize and stigmatize it. Instead, the disabled body has been seen as both a physical embodiment of incapacity and a monolith that defies historicization. An examination of the broader foundation behind delayed study and representation that recognizes the intersection of racism and ableism allows us to reconfigure our analysis of violence and provides fertile ground from which to make connections to contemporary iterations still playing out in the present.

Key-words: *Holocaust; Holocaust historiography; memory studies; disability; violence; Nazism; European history; eugenics; war crimes trials*

In September of 2014, 79 feet of tinted blue glass embellished with ten stone plaques was unveiled at the edge of the Berlin zoo. The memorial site was chosen for its proximity to Tiergartenstrasse 4, the street address from which the infamous Nazi wartime euthanasia program was directed as well as for which the initial operation, *Aktion T4* had been named 75 years

earlier. The open-air structure was the fourth such major public memorial in the German capital. Earlier memorials had already been established for Jewish victims of Nazi atrocity in 2005; this was followed by a site dedicated exclusively to German victims of homosexual persecution in 2008. A few years later in 2012, a third commemoration for Roma and Sinti victims was constructed. Planning for the systematic persecution and extermination of at least 300,000 infants, adolescents, and adults deemed “life unworthy of life” (*Lebensunwertes Leben*) long preceded and extended beyond the 12-year Nazi period of massacre linked to other victim groups. Yet those constructing collective memory projects in Berlin appear to consider these victims as an *afterthought*, secondary to the other groups.¹

This delayed memorial in Berlin parallels the historiography of Holocaust research, which has come late to and has studied too minimally so-called “first victims” as if they were a mere “prologue” to genocide, thereby missing the critical relevance of the group in both the past and the present. Whereas modern scholars have seen race, gender, sexuality, and religious affiliation as cultural constructs, the “disabled” body has hardly been examined in terms of the social and cultural values that categorized and stigmatized it. Rather, it has been seen as a physical embodiment of incapacity. Disability, simultaneously an insular and transcultural phenomena, has been understood in the modern West as a monolith, defying historicization.² Despite the fact that disability cannot be defined outside of particular social, cultural, and legal contexts and would be better understood as “a fluid rather than a sharply delineated category [...] and [a] category of human variation,”³ we use the term as if a temporal and geographic continuity were self-evident.

Rather than asking why the disabled matter so much, by now we ought to consider why they have not mattered enough. So much has been said about this group from the late nineteenth up through the mid-twentieth century yet collective historical study of disability during the Nazi period and its related memorialization is relatively minimal. This essay will argue that the pattern of delay in memorial culture and scholarship is rooted in discomfort and ambivalence around a shared history far more than it is explained by legitimate factors involving privacy records, victim scale, or the absence of community. The massacre of Jews, Roma, homosexuals, and others had to come

¹ This article was developed during my stay as a Norman Raab Foundation Fellow at the Jack, Joseph, and Morton Mandel Center for Advanced Holocaust Studies at the United States Holocaust Memorial Museum. I am grateful for their support.

² Sharon Snyder, and David T. Mitchell, “The Eugenic Atlantic: Race, Disability, and The Making of An International Eugenic Science, 1800-1945,” *Disability & Society* 18, no. 7 (2003): 843-864.

³ Carol Poore, *Disability in Twentieth Century German Culture* (Ann Arbor: The University of Michigan Press, 2007), xvi and 45.

into legal jurisprudence, scholarship, and public memory projects before the murdered disabled body and its related memorialization could be legitimized as a category of violence important in and of itself. Those crimes too were waged against humanity as a pathological practice justified and carried out by scientists who mapped these ideas across an extraordinary geographical range long before medical practitioners, scientists, and German fascists applied them to policy. The purpose of this paper is not to assert a hierarchy of victimization or suffering. Rather, it is to examine the problems within our own cultural context that cloud our ability to recognize rhetoric surrounding particular medical practices and scientific research. The inability to recognize the victimhood of disability in Nazi Germany has prevented us from seeing how we continue to imagine and devalue certain bodies through our shared history. Our responses to the memory of disabled Germans during the Nazi period, defined variously from 1939 onward, were thus shaped and continue to be shaped in a manner that differs from other victim studies.

I. The First Victims' History

In the most immediate sense, the 2014 “Memorial and Information Point for the Victims of National Socialist Euthanasia Killings” in Berlin is a remembrance about the first victims of organized mass murder during the Nazi period. From August of 1938 to May of 1945 – notably even before WW II began and nearly a month after the German submission to the Allies – approximately 300,000 “disabled” Germans were deliberately starved, lethally injected, gassed, or otherwise euphemistically “given the good death.” Although an extensive science of race and the body was central to German fascism, eugenics had been a fundamental intellectual currency of the trans-Atlantic for decades within and across political parties, academic institutions, professional corridors, countless scientific publications, and more.

In Germany the eugenics movement was represented through a single organization, the German Society for Race Hygiene (*Deutsche Gesellschaft für Rassenhygiene*) and one journal, the *Archiv für Rassen- und Gesellschafts-Biologie*, founded by Alfred Ploetz, who conceived and popularized the term “racial hygiene” in Germany. By the 1930’s, Nazi policy was less a radical divergence from turn-of-the-century conversations than it was an extension of a set of shared ideas within the German state writ large, given its exceptionally coordinated and narrow academic and political context.⁴ The *Gleichgeschaltung* (synchronization, Nazification) of all German agencies and institutions from 1933-1934 only intensified this unique circumstance. By

⁴ Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: The University of North Carolina Press, 1995), 9-10.

July, 1933, committees of population and racial policy experts drafted legislation for the mandatory sterilization of Germans with specific physical and psychiatric conditions presumed to be hereditary in nature such as congenital “feeble-mindedness,” schizophrenia, manic depression, hereditary epilepsy, Huntington’s chorea, hereditary blindness, hereditary deafness, severe hereditary physical deformity, and chronic alcoholism. Health courts drew up “intelligence” tests – a few dozen open-ended questions – to assess the educational ability and moral ‘outlook’ of individuals in order to grant an air of scientific objectivity to the sterilization of approximately 350,000 people. In essence, the “biological sciences [...] simply recorded traditional prejudices” and treated bodies as if living texts inhabited with objective information to be unlocked by the proper scientific intermediary.⁵ A *völkisch* struggle with “degenerates” was waged in ever-broadening terms that rendered the biological distinctions alleged therein less and less meaningful. The concept of degeneracy was expanded to include “antisocials” (*Asozialen*), which included habitual criminals, prostitutes, the indigent, so-called hysterical or sexually loose women, sex offenders as well as homosexuals and individuals whose conduct was perceived as “alien to the community” (*gemeinschaftsfremd*). “Racial aliens” were seen as possessing inborn and irreparable mental attitudes that led to immorality and legal conflict and were therefore understood to be a “threat to humanity.” Over time, those who were seen as threatening came to include all non-Caucasians including Roma, Black Germans, and European Jews, the latter of whom were viewed a “special threat to the German race” as “alien penetrators” (*jüdische Überfremdung*).

On August 18, 1939, before the outbreak of WW II, Hitler authorized a program to exterminate children designated physically or mentally “weak” as he had proposed to do already ten years earlier at a Nuremberg Party rally. Selected children, and later adolescents, would be deliberately starved or given lethal injections. By 1945, an estimated 5,000 to 10,000 toddlers, babies, and adolescents were exterminated, a portion of whom were vivisectioned, ostensibly to explore physiological questions thought to be related to mental illness, although the argument has also been made that the real intention was to give doctors a more palatable rationale for killing children. By October, *Aktion T4* expanded the killing to “unfit” adults to be carried out at six psychiatric institutions throughout Germany and Austria. An abstract formula, 1000:10:5:1, predicted that for every 1,000 Germans, 10 would need treatment, from which 5 would need institutionalization, from which 1 would qualify for extermination; thus, a goal to exterminate 65-70,000 people was set. Assessment protocol required no review of prior medical data or physical encounter with a patient.

⁵ Ibid., 2.

By January 1940, T4 experts began testing the mechanics of gas extermination followed by cremation on tens of thousands of disabled Germans at special “asylums” (killing centers) to which postal vans directed by SS impersonating medical professionals were sent. Patients were often sent to more than one facility for “treatment” thus making it harder for family to visit or even to find patients. Most of those transported were killed within 24 hours, after which point fake death certificates accompanied by random ashes were sent to family.⁶ The process used on disabled Germans, gassing, stacking, autopsy, looting, and/or “processing” (cremation), was applied to broader populations in the mass extermination camps in Poland. Those camps were directed almost entirely by the same people who had run the T4 program. They were given full autonomy to create on-site conditions in those camps with regard to extermination structures, reconstruction work, and personnel changes. Viktor Brack, who had initiated the T4 “murder campaign” alongside others, “had already contemplated a final solution of the Jewish question” wherefore T4 served as a kind of “preschool for Poland.” According to Erich Bauer, who was a master of gas (*Gasmeister*) at the time, “it could be said that murder was already their profession.”⁷

Over time, the T4 program operated as an open secret around which there was a mix of resistance and complicity, or at least passive corroboration. On August 24, 1941, Hitler suspended the T4 program and personnel were offered “jobs in the east.”⁸ Ostensibly this was a response to growing criticism of the T4 program but may in fact have been announced because the initial goal to gas 70,000 Germans had been met and had even been exceeded by approximately 23,000 more “merciful” deaths by other means: lethal injection, deliberate starvation, and intentional overdose. Despite the public termination, euthanasia killings continued in decentralized fashion throughout the duration of the war.

By 1942, the killings were directed through a new operation called *Aktion 14f13* designed “to ‘free’ concentration camps of ‘sick’ inmates.” Additional asylums were established as killing points, including thirty pediatric killing centers and asylums across the Reich that were advised to kill their own patients directly. Rather than slowing the extermination of selected individuals, 14f13 tripled the T4 death toll reaching more than an additional 200,000

⁶ Michael Burleigh, and Wolfgang Wippermann, *The Racial State* (Cambridge: Cambridge University Press, 2005), 148-154.

⁷ Sara Berger, “‘Murder Was already their Profession.’ Aktion T4 Staff in the ‘Aktion Reinhardt’ Extermination Camps,” in *Mass Murder of People with Disabilities and the Holocaust*, eds. B. Bailer, and J. Wetzel, 203-210 (Berlin: Metropol Verlag, 2019).

⁸ The “east” referred to death camps planned within Polish territory. See Deborah Dwork, and Robert Jan van Pelt (eds.), *Holocaust: A History* (New York: W.W. Norton & Company, 2002), 264.

Germans by the end of the war. This included fully 45% of all psychiatric patients in Germany (with a disproportionately higher ratio of women to men), nearly all polio survivors, and all institutionalized Jews among others.⁹ The decentralization of the operation allowed it to function more secretly than did T4. Moreover, although the Nazi party directed the policy, it was carried out almost entirely by medical professionals and administrators without the need for party officials. In fact, the program was so deeply embedded within medical institutions and personnel that the last victims were killed several weeks after the German surrender to the Allies in Europe. Just as the extermination of children preceded the other euthanasia killings, so too was the final victim a child. Richard Jenne was killed on May 29, 1945 at Kaufbeuren-Irsee state hospital in Bavaria. The town had already been occupied by US troops for over three weeks.

II. The Medical Trials and the Politics of Forgetting

At the end of the war in Europe, prisoner doctors newly liberated from Auschwitz implored the Allies and neutral states to collect evidence and prosecute the perpetrators of “coerced human experiments and medical atrocity” to which they were witnesses. They wanted to prevent such abuses from taking place again and establish a consent-based approach to medical research guided by ethics. Other witnesses and survivors urged prosecutors to seek justice and compensation for their collective suffering. This process led to the creation of an International Scientific Commission whose charge was to document genocidal, coerced human experimentation and medical ethics violations. Their findings exposed abuses so massive that, for some, the high esteem in which the German medical sciences had been regarded in the West was replaced by a profoundly disturbing view of modern medical research.¹⁰ Thus, the first of the 12 Nuremberg trials began on December 9, 1946, on US-occupied territory. The Medical Trial (“US versus Karl Brandt et al”) focused on racial research, bacteriology, and experimental medicine in contrast to the October 1945 Hadamar Trial, which had focused on the murder of “Allies national,” meaning Poles and Soviets in particular.

A conflict between the prosecution and the defense emerged around just what the role of medical research was to the “the Nazi war machine.” The Allies scrutinized a series of problems regarding the connection between war-

⁹ Polio survivors have had a significant influence on the development of disability studies in both Great Britain and the United States but, by contrast, not in Germany.

¹⁰ See, for example, Werner Süskind in the *Süddeutsche Zeitung*, December 14, 1946, as cited by Paul Julian Weindling in *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (New York: Palgrave Macmillan, 2004), 2.

time goals and racial policies. Of particular importance was the connection between eugenics and genocide, especially with regard to the killings by gas. The Allies also concerned themselves with the validity of the science undertaken.¹¹ Also yet to be determined was whether the trial should aim to indict individual doctors or Nazi medical research overall. Given the disturbing evidence collected about crimes without historical parallel, the Allies were presented with a series of options. They could collect evidence about the experiments, sterilization, and killings in order to pursue a series of trials about mass murder. Alternately, they could consider the perpetrators themselves to be mentally unsound and subject them to psychiatric analysis. Or, they could turn over evidence to scientific experts who could then establish new ethical guidelines for medical research. Finally, the Allies might use the data itself for weapons research about aviation, atomic bomb radiation, chemical weapons, and more.¹²

Two days after the Medical Trial began, the United Nations declared genocide a crime under international law and proposed a Genocide Convention to legislate, prevent, and punish murder on such a scale. Both the Medical Trial and the Genocide Convention aimed to prevent doctors from engaging in acts directed toward the racial purification of states. Raphael Lemkin, having newly coined the term 'genocide' in 1943 in relation to Nazi mass murder, advised the head of the war crimes division, Mickey Marcus, to characterize the medical abuses as genocidal in nature.¹³ Genocide as a term of legal indictment in international law was only later established by the 1948 Convention on the Prevention and Punishment of the Crime of Genocide.

The prosecution of war crimes generally, and medical war crimes specifically, quickly became subject to Cold War politics. Global power relations made the preservation or recovery of state authority essential, particularly in the U.S. and West Germany. Both the American Medical Association and the British Medical Association expressed fears that revelation of the full extent of the role doctors played in Nazi mass murder might destabilize public confidence in future medical research projects across the trans-Atlantic.¹⁴ A need to normalize rather than inculpate western medical practices and science drove the process to impeach only a limited number of Nazi doctors rather than engage the larger behavior and complicity represented by the full medical establishment within the state: doctors, nurses, administrators, therapists, psychiatrists, medical researchers, and others. The overall effect was one that

¹¹ Weindling, *Nazi Medicine*, 2.

¹² *Ibid.*

¹³ *Ibid.*, 3.

¹⁴ *Ibid.*

protected the German medical sciences, and more broadly, trans-Atlantic eugenic theories, medical research, and mainstream academic work.

The charges against the doctors included conspiracy to commit war crimes, crimes against humanity, and membership in a criminal organization. Of critical importance, the “euthanasia” crimes were seen as a “first step” to the genocide of the Jews. Therefore, the murder of the disabled was not seen as a distinct and prosecutable crime against humanity; instead, the killings were indictable per the December 1945 Allied Control Council Law No. 10, which allowed the Americans to try German nationals for “crimes against humanity.” This distinction established by the International Military Tribunal (IMT) at Nuremberg meant that the trial would engage a larger wartime conspiracy and “euthanasia as an auxiliary to the Nazis’ efforts to wage aggressive war against their European neighbors” by necessity.¹⁵ Without such a link, the U.S. policymakers worried that the euthanasia program would be understood as a domestic program thereby setting a “dangerous precedent in international law.” The October 1945 Hadamar medical trial, by contrast, only brought indictments against non-German doctors because it was held prior to the IMT’s new distinction. Therefore the US military had no jurisdiction to try German nationals who killed other Germans.

Given these limitations, some scholars have argued that the trials “solidified rather than interrogated a key foundation of Nazi ideology: namely, that the extermination of disabled people in Germany and the occupied countries was unconnected to the horror of the concentration camps.” In other words, had the Nazis refrained from extending a “biologically-based” notion of deviance to the genocide of racial, ethnic and sexual minorities, an abstract distinction between “‘medical intervention’ and murder would not have been crossed” thus eliminating the need for war crimes trials.¹⁶ The euthanasia crimes were not deemed international offenses because they aimed to purify Germany of “life unworthy of life.” Rather, the international crimes were correlated specifically to actions taken to free up resources for larger wartime goals in order to maintain the authority of both the Western alliance and medical sciences. Along these same lines, defendants sentenced to less than 15 years at the Nuremberg trials were granted amnesty by U.S. authorities in January 1951. Were there no broader Holocaust, the legal strategy engaged by the prosecution at Nuremberg for various extra-legal reasons would not have provided the grounds for an American prosecution of German euthanasia perpetrators.

More fundamentally, the paradigm established by the verdicts of the medical trials was about the corruption of the medical establishment by

¹⁵ Michael S. Bryant, *Confronting the “Good Death:” Nazi Euthanasia on Trial, 1945-1953* (Bolder: University Press of Colorado, 2005), 15.

¹⁶ Snyder and Mitchell, 845.

the state, and in particular, through the socialization of medicine. The approach linked ethical violations to individual Nazis and coercive Nazi medicine rather than indicting German medical research and science for having outlined precisely the same sequence of events that transpired as early as 1920: racial hygiene, selections of degenerative invaders, mandatory sterilization, and selective murder by trained medical professionals without fear of legal consequence. In circumscribing ethical violations and unprecedented medical crimes entirely as a product of socialized medicine, the verdicts offered a rebuttal to mid-nineteenth century arguments about health as an individual right. They opted instead for an indictment that, for some, even reached back to the late nineteenth-century policies concerning sickness insurance established by Bismarck in 1883. The trials allowed researchers and medical specialists to claim innocence in the face of totalitarianism, socialized medicine, and corporate industrial interests. A rush to forget from multiple perspectives prevailed. What had started as first victims *first* rapidly became first victims never.

III. Disability Among Foxes and Hedgehogs: Holocaust Historiography

In reflections about the historiography of the Holocaust, Michael R. Marrus organized his thoughts around a metaphor about hedgehogs and foxes.¹⁷ The metaphor presents a simple binary about the nature of understanding, where hedgehogs are single-focused and relate everything to one “system” or “organizing principle” from which to access deep meaning and “impalpable wisdom.” Foxes, on the other hand, are curious about everything and produce knowledge through “methodological inquiry.” They possess a range of information and make connections, at times, that appear unrelated and even contradictory. Their “scattered” and “diffused” data capture a range of experiences without the rigid aim of forcing them into one “unitary internal vision.” For Marrus, early 1960s and 1970s scholarship was dominated by “hedgehogs” who wrote within grand framing systems that concerned anti-Semitism, totalitarianism, and modernity.

A watershed of foxes appeared in the 1980s and 1990s from a litany of scholars. Survivor-scholars formerly living in exile “grappled with the collapse of civilization as a problem of human existence, of suffering, good, evil, sociopolitical structures, personality disorders, and the Death-of-God” in works

¹⁷ Marrus took the metaphor from Isaiah Berlin’s 1986 essay about Tolstoy. See Michael R. Marrus, “Reflections on the Historiography of the Holocaust. The Hedgehog and the Fox: An Essay on Tolstoy’s View of History by Isaiah Berlin,” *The Journal of Modern History* 66, no. 1 (1994): 92-116.

of political philosophy, sociology, psychology, literature, and theory.¹⁸ New work engaged the history of racism in Germany and, more specifically, Nazi racial policies; the persecution of the Roma and Rhineland ‘Bastards;’ the history of everyday life and ordinary people; the history of Nazi women, youth, film; and the persecution of the “hereditarily ill,” “asocials,” and homosexuals. Debates about the singularity of the Holocaust (*Historikerstreit*), the intentionalist-functionalist dispute about the implementation of the Final Solution, and the very limitations of representation itself drove research.

After 1989, new archives opened, seeding regional works that became the basis for the so-called “European turn” that has dominated the twenty-first century. An avalanche of original work engaged questions about the Final Solution in the East. Surprisingly late came victim studies and Jewish Studies. Substantive research about postwar trials has emerged recently alongside a range of interdisciplinary scholarship engagement, including “lawyers, criminologists, forensic scientists, archaeologists, curators, conservators, anthropologists, genealogists, [and] musicologists, among others.”¹⁹ The geographic center of research also shifted in recent years from Germany to what Timothy Snyder called “the Bloodlands” (i.e. Poland, Ukraine, Belarus, the Baltic States, and western Russian regions occupied by Germany). This “spatial turn” has brought with it transnational perspectives, paradigm shifts, language challenges, and interdisciplinary methodological models.²⁰

Major scholarship placing “disabled” Germans at the center of research regarding Nazi policy, practice, and extermination did not emerge until the 1990s. Studies about Nazi doctors, racial hygiene, killing by gas, German eugenics, and medical experimentation first trickled out in works that balanced empirical research and new perspectives about the origins of the Final Solution, the murder of the disabled, and Nazi medicine.²¹ By the turn of the century, interdisciplinary works about disability and ableism in Nazi Germany, German medical careers before and after 1945, postwar trials, comparative studies of racism and eugenics, and a growing literature about deafness were explored in significant scholarship.²² Gallaudet University held an important conference in 1998 about the deaf experience in Nazi Germany

¹⁸ Wendy Lower, “The History and Future of Holocaust Research,” in *Tablet*, last modified April 26, 2018, <https://www.tabletmag.com/jewish-arts-and-culture/culture-news/260677/history-future-holocaust-research>.

¹⁹ *Ibid.*

²⁰ *Ibid.*

²¹ See, for example, Henry Friedlander, Ernst Klee, Michael Burleigh, Götz Aly, Robert N. Proctor, Wolfgang Wippermann, and Robert Jay Lifton.

²² See, for example, Paul Julian Weinding, Michael S. Bryant, Patricia Heberer-Rice, Jürgen Matthäus, Edwin Black, and Horst Biesold.

and the United States Holocaust Memorial Museum installed a major exhibition in 2004 about so-called “Deadly Medicine” in what was the first such exhibition of its kind curated by the museum. Most recently, methodological studies about the “disabled” body in modern German culture and notions about sub-normality, the so-called degenerate biology, and “ableism” have emerged. More broadly, studies have examined medical practices in the West in transnational studies on war crimes, racism, and mass murder in works from scholars of history, philosophy, public health, anthropology, bioethics, and disability studies.²³

The delay in this scholarship is owed to multiple factors. The social and political culture through which research is produced has inhibited discussion of the disabled body; unsurprisingly, some of the earliest works were published just after disability studies and disability rights movements emerged in the U.S. and Europe. The very inter-disciplinarity of the work and the transnational, historical, medical, and legal knowledge required for complex studies about a diasporic topic is not supported easily within academic institutions that produce research, more often than not, within the boundaries of nation-states, disciplinary status, and distinct categories of periodization. Indexes and finding aids are rarely designed to include basic categories of inquiry relevant to such work. Privacy laws around medical records have constrained research tremendously, making even a count of victims still an abstract calculation. For the 360,000-400,000 mentally and physically disabled Germans who were sterilized and quarter million victims killed as part of Nazi “euthanasia” policies, a complete listing of victims simply does not exist.²⁴ Scholarship about “first victims” has grown substantially over the past few decades. It did not arrive last. It was merely 30 years late.

IV. First Victims at Last: Forerunners, Opening Acts, and Afterthoughts

On September 2, 2014, Berlin Mayor Klaus Wowereit welcomed the “long overdue” memorial to victims of “euthanasia” from the foyer of the Berlin Philharmonic before a crowd of about 600 guests. The concert hall is surrounded by monuments about the mass crimes of the National Socialist regime. These include not only major memorials about Jewish, Roma, and German homosexual victims of Nazi persecution – all within 3,000 feet of one another – but also the Topography of Terror History Museum and a series

²³ See, for example, Carole Poole, Brigitte Bailer and Juliane Wetzel, Sharon L. Synder, David Mitchell and Sandy O’Neill.

²⁴ Paul Julian Weindling, “The Need to Name: The Victims of Nazi ‘Euthanasia’ of the Mentally and Physically Disabled and Ill 1939-1945,” in *Mass Murder of People with Disabilities and the Holocaust*, eds. B. Bailer, and J. Wetzel. 49-84 (Berlin: Metropol Verlag, 2019).

of smaller-scale art installations and information points like Richard Serra's Curve sculpture, a bronze plaque to "euthanasia" victims, and the (now roaming) Monument of the Grey Buses. The Philharmonic was built in 1963 directly upon the demolished villa that had housed the T4 administrative headquarters where 60 bureaucrats and doctors planned and conceived "most of the atrocities that happened" to disabled Germans.²⁵

The memorial has been described in European and American media variously with language stressing its "obligation" to educate, to remember, to honor victims, to never forget. Some have emphasized its worthiness as a place to maintain the memory of some 300,000 "disabled and ill people" murdered. For others, it is a "symbol" that informs people about the very "scope" of the killings. The events memorialized by the 2014 unveiling were described in conflicting ways as both a "forerunner of the extermination of European Jews" and a symbol of "the first systematic mass crimes of the National Socialist regime."²⁶ Multiple individuals have remarked that this memorial will likely be the fourth and final major commemoration concerning the victims of National Socialism in Berlin.

According to Wowerit, activists had been waging a campaign for the memorial since 2007 in which they "had to fight not only against [people] forgetting but also against powerful opponents—science organizations that denied any participation in the 'euthanasia' murders and protected scientists who became criminals."²⁷ Nevertheless, the history of the fight has roots that preceded 2007 by half a century. According to Dr. Andreas Jürgens, former member of parliament and disability rights activist, that fight had begun as soon as the war ended. The disabled were simply not included in the equality clause of the Federal Republic of Germany's constitution. German Basic Law, Article III made absolutely no mention of them. "We had to fight for years to get the addition made: 'No person shall be disfavored because of disability' [which makes] Tuesday's unveiling all the more important [...] on the 75th anniversary of the authorization of the euthanasia program."²⁸ Most perpetrators of the "euthanasia" crimes, who sterilized, persecuted, and murdered Germans were never prosecuted apart from a handful of doctors and nurses indicted at two postwar international trials in Hadamar and Nuremberg. A

²⁵ Gabriel Borrud, "Nazi 'Euthanasia of the Disabled' Can Never Be Forgotten," in *Deutsche Welle*, September 2, 2014, www.dw.com/en/nazi-euthanasia-of-the-disabled-can-never-be-forgotten/a-17895611.

²⁶ AFP/The Local, "Glass Memorial Honours Nazi Disabled Victims," accessed January 15, 2019, <https://www.thelocal.de/20140902/glass-memorial-honours-nazi-disabled-victims>. AFP, "Berlin to Open Memorial to Nazis' Disabled Victims," and *Times of Israel*, August 31, 2014, <https://www.timesofisrael.com/berlin-to-open-memorial-to-nazis-disabled-victims/>.

²⁷ Gabriel Borrud, "Nazi 'Euthanasia.'"

²⁸ *Ibid.*

few others were indicted across a series of German trials at which defendants were depicted as accomplices (*Gehilfe*) rather than perpetrators (*Täter*).

Nazi medical practitioners and bureaucrats were viewed in the German trials “as accomplices driven less by ideology than characterological shortcomings,” which led to lenient treatment of defendants and eased the reabsorption of medical professionals into private practice after 1945.²⁹ Soviet trials were more critical of defendants and therefore led to more punitive sentences. Neither of the two postwar German states acknowledged the full severity of the crimes. Among others, Hugh Gregory Gallagher has noted a general failure of the German medical trials to indict individual perpetrators or the German medical establishment of crimes during the war. He noted that in Munich, at a trial in which 14 nurses were indicted for the murder of over 8,000 children and adults, all were acquitted. One nurse stated that upon her objection to carrying out the murder of a child, she was subject to a “big bawling out.”³⁰ In West Germany, those forcibly sterilized were rarely considered “eligible for payment” under the Compensation Law. In 1957, the West German government declared that the 1933 “Law for the Prevention of Genetically Diseased Offspring” was not “a ‘typical’ example of National Socialist legislation.” The law was only repealed officially in 2007. According to Gerrit Hohendorf, a historian at the Technische Universität Munich, “[t]he stigmatization of people with psychological illnesses and intellectual disabilities did not end after 1945, which is certainly a reason why the public acknowledgment of these crimes has remained so difficult to this day.”³¹ Historian Robert Parzer has noted that taboos surrounding mental illness in Germany have also obscured the history of these victims whose stories were sometimes only researched by third-generation descendants. Additionally, the taboos have led some to consider these Germans “victims of second rank.”³²

More broadly speaking, serious efforts to establish memorials at the physical sites of murder, or so-called “dark tourism,” did not begin in Germany until the 1980s. The former site of the Gestapo and SS headquarters in Berlin, which became the site of the Topography of Terror museum in 2010, was used for exhibitions beginning in 1987. Excavations began two years lat-

²⁹ Bryant, 15.

³⁰ Hugh G. Gallagher, *By Trust Betrayed: Patients, Physicians, and the License to Kill in the Third Reich* (Arlington: Vandamere Press, 1995), 204-233.

³¹ Melissa Eddy, “Monument Seeks to End Silence on Killings of the Disabled by the Nazis,” in *New York Times*, September 2, 2014, <https://www.nytimes.com/2014/09/03/world/europe/monument-seeks-to-end-silence-on-killings-of-the-disabled-by-the-nazis.html>.

³² Franziska Rosher, “Euthanasia Program: The Forgotten Nazi Victims,” in *Handelsblatt*, October 21, 2016, <https://www.handelsblatt.com/today/politics/euthanasia-program-the-forgotten-nazi-victims/23541798.html?ticket=ST-348135-Lysn7NoYMV7J2415Gqj5-ap5>.

er, and a foundation was established to care for the site. In 1993, an architectural competition was launched. The first rendition of the museum remained unfinished for a decade and was ultimately demolished due to inadequate funding. A second competition was launched in 2005 from which a new design and further funding led to the 2010 opening of the building. In 2007, a working group called the “T4 Round Table” was established, which then led to the “Memorial of the Grey Buses.” The installation before the Philharmonic remained only from 2008 to 2009, after which it began to “roam” to other “euthanasia”-related sites throughout Germany. In 2011, “[a]fter countless letters, extensive lobbying and meetings with victims’ families and other groups,” the German Bundestag voted to create what eventually became the “Memorial for the Victims of National Socialist ‘Euthanasia’ Killings,” and opened a design competition.³³ In 2013, a memorial to the victims of mandatory sterilization and “euthanasia” was installed where the Berlin-Buch clinic had once stood as the main transit camp for victims coming from Berlin. Also in 2013, the foundational stone was set for the Berlin ‘Euthanasia’ Killings Memorial. The following year, the memorial was unveiled before the German minister of culture and the mayor of Berlin alongside disability rights activists, community organizers, some family members of victims, media, and the public. In 2016, the German parliament made the decision to dedicate the 2017 Holocaust Memorial Day ceremony to victims of “euthanasia.”

Originally a full center had been planned but budgetary limitations forced the project to be scaled back to a glass front with information boards, multimedia stations, and a bench for reflection. According to Berlin’s *Der Tagesspiegel*, “unlike other groups, the ‘euthanasia’ victims lacked a ‘strong lobby’” and many were forgotten for decades by their own families, if remembered at all.³⁴ The Deutscher Bundestag slated 500,000 Euros for the project, which was ultimately completed through the collaboration of multiple government departments and private institutions including the Foundation Memorial to the Murdered Jews of Europe. The tinted blue glass has been described as having to do with notions of reflection, entrapment, and crimes planned in open sight. Others have suggested that the glass symbolizes the sky “permeable only by gaze [...] [demonstrating] how quickly fellow humans although they are visible, can be systematically excluded.”³⁵ Multiple German texts are represented in braille as well as in deliberately simplified Ger-

³³ Eddy, “Monument Seeks.”

³⁴ AFP, “Berlin to Open.”

³⁵ Visit Berlin, “T4-Memorial and Information Centre for the Victims of the Nazi Euthanasia Programme,” accessed January 15, 2019, <https://www.visitberlin.de/en/t4-memorial-and-information-centre-victims-nazi-euthanasia-programme>. Also, see Erinnerungsort 2014, “Gedenk- und Informationsort für die Opfer der nationalsozialistischen ‘Euthanasie’-Morde,” accessed January 15, 2019, http://www.sigrid-falkenstein.de/euthanasie/t4_erinnerungsort.htm.

man and English for learning-disabled visitors. Audio commentaries for the blind and sign language videos for the deaf are available. The physical design accommodates visitors in wheelchairs while the 2005 memorial to Jewish victims is not accessible to people with certain impairments thereby underscoring problems encountered when victim identities are commemorated as if existing in isolation from one another.

The gestalt of the memorial echoes Richard Serra's nearby Curve sculpture (*Berlin Junction*). Serra's sculpture is considered a "euthanasia" memorial although it was neither conceived for that purpose nor understood and appreciated as such from a public that greeted it with controversy in 1988. Serra created *Berlin Curves* expressly for the exhibition, *Der unverbrauchte Blick* from January 1987 - April 1987. When the piece did not fit inside the atrium of the Marin-Gropius-Bau as planned it was moved outside the museum. There, framed by an unintended "historically very heterogeneous and vulnerable" backdrop of Berlin, Serra suggested moving it to stand by the Philharmonic for aesthetic reasons concerning the relationship between architecture and sculpture. He "overlooked" the specific history of the location. The sculpture then acquired an a priori T4 meaning that many found unconvincing; in response, the Berlin Senate added a memorial plaque about "forgotten victims" and perpetrators to link the sculpture to the genocide of disabled Germans in 1987. To a lesser extent, the Monument of the Grey Buses too incorporated aesthetic reference to Serra's piece when it was presented in 2008.

At the September 2014 inaugural ceremony, several family members of the victims spoke including two individuals whose relatives are featured in images on the ten stone plaques. When Sigrid Falkenstein was digitizing her family history, she looked into the image of a woman in a family photo and found that her father's sister, Anna Lehnkering, was a Nazi euthanasia victim. Falkenstein explained that her father had "fragmented memories of his sister [...] he only knew that she eventually died in some asylum."³⁶ Lehnkering had a learning disability and was gassed at Grafeneck in early 1940 at 24. Ms. Falkenstein continued to research her aunt, later publishing a book about her in 2012.³⁷ "More than 70 years after these crimes, we finally owe these people a place in the memory of our families and a place in the collective memory of our country."³⁸

Hartmut Traub learned about his uncle Benjamin's history decades after the war. Diagnosed with schizophrenia, his uncle was gassed at the age of 27 in 1941. Traub described his uncle's decidedly unmerciful death through near tears at the opening ceremony of the memorial. Traub's extensive personal re-

³⁶ Rosher, "Euthanasia Program."

³⁷ Sigrid Falkenstein, *Annas Spuren: Ein Opfer der NS-'Euthanasia'* (Herbig Verlag: Stuttgart, 2012).

³⁸ AFP/The Local, "Glass memorial."

search about his uncle revealed that Benjamin had been admitted to a psychiatric hospital near the Dutch border in 1931. Nine years later, he was selected for transfer 190 miles away to a Nazi “intermediate facility” in the western state of Hesse. In 1942, he was taken to a nearby “clinic” in Hadamar, which was in fact a killing site. According to Traub, “Benjamin stood wedged with 63 other naked men in the narrowest of spaces. The doors closed. Carbon monoxide streamed from the ‘faucet’ of the showers. Benjamin felt sick. He lost consciousness. After a few minutes he and his 63 comrades in suffering suffocated on the gas.” Later, his parents were told that their son had “died suddenly and unexpectedly of the flu with meningitis” and that “because he suffered from a ‘serious, incurable mental illness’ [...] [his] family should see his death as ‘a relief.’”³⁹ Upon the opening of the 2014 monument, Jürgens reflected. “I personally welcome the notion of a memorial being erected in Berlin as a symbol of recognition for the victims of Nazi euthanasia [...] It must be remembered that [people] were considered ‘unfit for life.’ We need to start a kind of dialogue that deals with these inhuman occurrences, with the ideas that led to the political goal of creating a ‘perfect race’ – at the expense of human life.”⁴⁰

V. First Excluded Last Included: ‘Disability as Master Trope of Human Disqualification’

The complex path that confined postwar trials and delayed both scholarship and memorialization is a product of our shared trans-Atlantic history. This history has led us to miss links and progressions that concern the manner in which bodies themselves have been understood variously as the physical representation of degenerative forces, invaders, aliens, animals, and parasites. Just how did we reach a point in the West where the physical body might be seen as such a threat that physical annihilation was viewed as both a genetic solution and a preemptive defense? And why did revelations about sterilization and mass murder, as Dagmar Hertzog has asked so thoughtfully, fail to “lead directly into any fresh concern for disability rights or make negative attitudes toward the disabled unacceptable in the postwar era [...] for four decades?”⁴¹ Not unrelated, one might ask why so many members of the largest minority in the United States do not, cannot, or wish not to identify as such. Could we, or even would we, construct a federal museum about the history of disability?

³⁹ Ibid.

⁴⁰ Gabriel Borrud, “Nazi ‘Euthanasia.’”

⁴¹ “Debating Abortion and Disability Rights: The Lasting Impact of Nazi Eugenics,” in *Items*, accessed January 15, 2019, <https://items.ssrc.org/sexuality-gender-studies-now/debating-abortion-and-disability-rights-the-lasting-impact-of-nazi-eugenics/>.

This paper has foregrounded a leitmotif of first-victimized/last-recognized in order to examine the rationalization of violence and the devaluation of particular human beings at their core as grounded in abstract, loose, and often arbitrary physical distinctions projected onto bodies past and present. Given this, we might consider contemporary debates about “illegal aliens” and the separation of families or health care and pre-existing conditions to be legacies of this common history; these conversations continue to juxtapose ideas about race, the body, and the health of the nation that, at times, appear to desensitize us to the lives of others; most vulnerable are those for whom a trifecta of disability, immigration status, and childhood converge. Late nineteenth- and early-twentieth century motifs seem to repeat themselves. In the West, health care and human rights have always been tied to politics and propaganda, in part because of the very porousness and subjectivity of our fluid relationship with the body and our perceived ideas about disability. This paper has examined cultural and political rhetoric before, during, and after the Nazi period in order to propose the careful reexamination of the relationship between the past and the present. I argue that first victims have come last because of an adherence to subjective binaries about health and fitness through which we sort individuals in patterns that repeat across memorialization, jurisprudence, historiography, the academy, and beyond.⁴²

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⁴² Edward T. Linenthal’s lucid 1995 work *Preserving Memory: The Struggle to Create America’s Holocaust Museum* about the 15-year political debate that preceded the opening of the USHMM in 1993 contains just over 100 words about the disabled body and “first victims” across 336 pages. Billings, Montana, is covered in greater detail, for example. My point is not to criticize Linenthal’s text or the critical and ethical merit of the Montana story. Rather, I am noting the absence of political debate about “first victims” reflected by the volume. An examination therefore of the history of the museum’s Permanent Exhibition (PE) with a first victimized-last recognized pattern in mind would be valuable, especially given the PE’s audience of 1.7 million people annually. See Linenthal, *Preserving Memory* (Columbia University Press: Columbia, 1995).

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