

Forgotten Crimes

THE HOLOCAUST AND PEOPLE WITH DISABILITIES

A REPORT BY DISABILITY RIGHTS ADVOCATES



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D I G N I T Y E Q U A L I T Y O P P O R T U N I T Y

**DISABILITY
RIGHTS ADVOCATES**

A NON-PROFIT CORPORATION

"In the postwar world, Auschwitz has come to symbolize genocide in the twentieth century. But Auschwitz was only the last, most perfect Nazi killing center. The entire killing enterprise had started in January 1940 with the murder of the most helpless human beings, institutionalized handicapped patients. . . ."

Henry Friedlander, *The Origins of Nazi Genocide: from Euthanasia to the Final Solution*

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Disability Rights Advocates is a non-profit corporation headquartered in Oakland, California and with an affiliate office in Budapest, Hungary. DRA's mission is to advocate for people with disabilities to ensure full participation in all aspects of life locally, nationally, and internationally. DRA is run by people with disabilities for people with disabilities. DRA established the Disability Holocaust Project to achieve several objectives: (1) to shatter the silence that has surrounded the fate of people with disabilities during the Holocaust; (2) to heighten public awareness about the current desperate plight of people with disabilities; (3) to utilize the shared history of the Holocaust as a vehicle for building greater cooperation between organizations of people with disabilities; and (4) to relate pre-Holocaust Nazi concepts to pernicious contemporary attitudes and enhance awareness of existing stigmatization of people with disabilities.

As part of the Disability Holocaust Project, DRA interviewed Holocaust survivors and historians, surveyed materials available in the major archives and analyzed all of the information currently available on Nazi era atrocities committed against people with disabilities. This Report represents a documentation of the horrors inflicted on people

with disabilities during the Holocaust and of the central role that extermination and exploitation of people with disabilities played in Hitler's vision.

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I. INTRODUCTION : MEN AND WOMEN WITH DISABILITIES WERE ONE OF THE MAJOR GROUPS EXPLOITED AND PERSECUTED IN THE HOLOCAUST; THE FULL EXTENT OF THEIR VICTIMIZATION IS NOT YET KNOWN.

In spite of greatly heightened interest in the Holocaust in recent years, silence has surrounded the mass atrocities inflicted on men, women and children with disabilities under the Nazi regime. The vicious and systemic persecution of people with disabilities during the Nazi era has been overlooked and greatly underestimated in historical research and our collective remembrance of the Holocaust. The result is widespread public ignorance of these horrors—an ignorance often perpetuated by the indifference of politicians, academicians and the media. Moreover, restitution measures have been virtually non-existent.

Some people erroneously believe that the number of victims with disabilities is relatively small. However, ample evidence shows that people with disabilities were subjected to slave labor, were looted, plundered, and otherwise exploited, both within Germany and in the territories conquered by the Nazis. In every way that other victims, such as the Jews, suffered and lost, people with disabilities suffered and lost. Nevertheless, the full extent of the atrocities suffered by people with dis-

abilities may never be known.[‡] Until very recently, little historical research was directed toward disabled victims of the Holocaust. Even today, only a handful of scholars have begun to focus their attention on this task.

In addition, even assembling the material necessary to research disability issues and the Holocaust is exceedingly difficult. The repositories of information about the Holocaust have virtually excluded the subject of people with disabilities as a distinct group. Moreover, there is no funding for such research. These limitations must also be viewed in the context of records that were kept secret, documents that were altered or destroyed, and exploitation that was never recorded.¹ Finally, the Nazis' forcible mass sterilization program has left many of these victims with no children to tell their stories.

However, an inability to fully document the horrible crimes committed against men, women and children with disabilities cannot erase what happened. Nazi persecution and exploitation of people with disabilities was staggering. It included looting of assets, mass murder, barbaric medical experiments, slave and forced labor, coerced mass sterilizations,

‡ In the formal euthanasia program in Germany, scholars estimate that at least 275, 000 were killed solely because of their disability. Hugh Gregory Gallagher, *Black Bird Fly Away: Disabled in an Able-Bodied World*, (Arlington, Virginia, 1998), p. 225. John Weiss, *Ideology of Death: Why the Holocaust Happened in Germany* (Chicago, Illinois, 1996), p. 335. However, as discussed in subsequent sections of this report, most estimates do not include (i) those gassed or shot when they became disabled, (ii) many who were both Jewish and disabled, (iii) those with disabilities killed in occupied countries, and (iv) many of those murdered after the end of the "official" killing programs. Altogether, as many as a million people with disabilities were likely killed, sterilized or exploited during the Holocaust.

incarceration in concentration camps and other horrific forms of degradation and exploitation. The German government, assisted by the entire German medical profession, systematically slaughtered hundreds of thousands of people with disabilities and forcibly sterilized hundreds of thousands of others. Disabled people were herded into killing centers, old age homes and concentration camps. On forced labor crews, they were worked to death by German companies. They were made the subjects of horrific medical experiments. Scholars now conclude that the Nazis' persecution of people with disabilities can most accurately be termed genocide: the systematic annihilation of a biologically-defined group of victims.²

This victim group encompassed people with every kind of disability. Instead of accepting disability as an aspect of life in all societies, German ideology considered disability to be a sign of degeneracy and viewed nearly any disabled person as a “life not worthy of life.” People with all kinds of disabilities—depression, retardation, cerebral palsy, muscular dystrophy, cancer, mobility impairments, “slow learners,” deafness and blindness—were labeled as “useless eaters.” People with disabilities were the first victims of Hitler’s efforts to create a master race; the elimination of people with disabilities was a central component of the Nazis’ plan to “purify” the Aryan race.³ People with disabilities were also

‡ However, genetics was not the sole factor in the Nazis' schemes. As described below, the killing program also had a profit aspect that benefitted both Germany and its Swiss collaborators.

the last victims, and they continued to be murdered even after the German war machine collapsed.

Hitler's strategy progressed in stages. Sterilization came first. Compulsory sterilization for people with disabilities became German law in 1933. More than 400,000 people with disabilities were forcibly sterilized, sometimes by removing disabled men's gonads or by radiation to the genital area, causing terrible burns. A formal killing operation known as Aktion T-4, quickly followed. The program was designed specifically for people with disabilities. The Nazi mechanisms for mass extermination of Jewish victims, such as carbon monoxide poisoning in "shower rooms," were first developed and perfected through the disability program. As a result, more than 275,000 people with disabilities were murdered in the Aktion T-4 program, not counting all those who lost their lives in the concentration camps and after the formal phase of T-4 ended.

During the course of the war, untold others were murdered in areas occupied or invaded by the Nazis. As the Nazis expanded their sphere of domination, they ruthlessly murdered men, women, and children with disabilities regardless of race, religion, or political affiliation. With the spread of World War II, SS killing units began to shoot asylum inmates by the thousands in the annexed areas of Poland, Pomerania, and West Prussia.

History matters. Remembrance of the mass barbarism of the Holocaust for people with disabilities is critical to a current understand-

ing of both (a) why and how people with disabilities continue to be marginalized and (b) the attitudes and moral failures that allowed the Holocaust to happen. Until the full story of the Nazi nightmare is told and remembered, we all remain at risk.

II. NAZI POLICY WAS DERIVED FROM EXTREMIST EUGENICS THEORIES WHICH LEGITIMIZED KILLING AND EXPLOITATION OF PEOPLES WITH DISABILITIES WHO WERE CONSIDERED “ECONOMIC BURDENS” AND “INFERIOR.”

The Nazi programs of sterilization and “euthanasia” were applications of views prevalent in German society.[‡] Many Germans believed that a physical deformity or a mental disability was a sign of innate evil and criminal tendencies.³ Disabled people were also viewed as incapable of human feeling, mere “empty human husks.”⁴ Accordingly, it was believed that a person must earn, rather than assume, the right to live.⁵ When Hitler came to power in 1933, there was often willing participation in the Nazi programs of sterilization, exploitation and later extermination of people with disabilities. “By the end of the 30s, propaganda bodies had whipped up such fear and hatred for the mentally ill...that the elimination of these people seemed a logical or even a humane measure.”⁶ Indeed, Nazi eugenics and economic valuations of human life became deeply

‡ In the 1920s, eminent psychiatrist Alfred Hoche and legal scholar Karl Binding published *The Permission to Destroy Life Unworthy of Life*, which argued that the mentally ill and other persons with disabilities should be exterminated for racially “hygienic” purposes. Social scientist Ernst Haeckel advocated the execution of disabled people as their “redemption from evil.” Gallagher, *By Trust Betrayed*, p. 56. Professor Heinrich Ziegler asserted that “most murderers were feebleminded or epileptic,” and conversely, most alcoholics and criminals were disabled. Gallagher, *By Trust Betrayed*, p. 57.

ingrained in the public mind set and culture. “Eliminating deformed children and mental patients was not so much a phobic reaction to their presence, but the result of a culture of belief that genetic deformities were a burden on the nation.”⁷

A. Sterilization: The Nazis systematically implemented their goal of prevention of “inferior” offspring and forced hundreds of thousands of people with disabilities to be forever childless.

On July 14, 1933, only months after the Nazis seized power, they promulgated the Law for the Prevention of Genetically Diseased Offspring. The law provided that “any person suffering from a hereditary disease may be rendered incapable of begetting children by means of a surgical operation [sterilization]....”[‡] The Nazis established an elaborate bureaucracy to implement this policy.⁸ Doctors were required to register cases of genetic illness and recommend patients for sterilization.⁹ One hundred eighty-one (181) genetic health courts and appellate courts were set up to enforce the sterilization law and decide who was “fit to reproduce.”¹⁰ Patients who refused risked being sent to concentration camps.¹¹ Once a decision had been made, sterilization could be carried out “against the will” of the victim.¹²

One survivor interviewed by Disability Rights Advocates described the case of a disabled boy at her school who refused to appear for his operation. He had a vasectomy performed on him with no anesthe-

[‡] The law was extended in 1935 to “allow” (in effect, to require) abortions for women deemed to be genetically “unfit.” See Proctor at 108.

sia. Other survivors described their experiences of being strapped to operating tables and forced to watch their own sterilizations in a mirror.¹³ An overwhelming number of cases in the “Health Courts” ended in sterilization; of 84,604 case decisions in the first year, 92.8% resulted in forced sterilization.¹⁴ By September of 1939, the Nazis had records showing that at least 375,000 persons had been rendered permanently infertile.¹⁵ The total figure likely exceeds 400,000.‡

Sterilization was often painful and dangerous. While the most common techniques involved tubal ligation or vasectomy, far more brutal methods were frequently used. One study found that twelve percent of sterilizations were performed with X-rays that resulted in severe and painful burns. Victims were seated at desks and told to fill out questionnaires. Equipment hidden under desks directed X-rays at the genitals; massive burns and sterility resulted immediately. Another brutal technique was scarification of fallopian tubes through injections of carbon dioxide. Many died as a result of these procedures.¹⁶

Those who survived these forced, invasive and painful sterilizations were burdened with “the problem of the irreversible violation of physical integrity.”¹⁷ Decades later, approximately half of surveyed sterilization survivors still experienced physical pain, and more than three

‡ In its zeal to rid society of “useless eaters,” the regime went far beyond even the broad mandate of the sterilization laws. For example, a man who had lost his leg in an accident, although not suffering from any genetic disease, was forcibly sterilized. Gallagher, *By Trust Betrayed*, p. 24. Indeed, “[t]he public health service and the medical profession thus clamored for sterilization even when the hereditary health courts . . . turned down their applications.” Friedlander, *The Origins of Nazi Genocide*, p. 33.

quarters continued to have psychological trauma as a result of the procedures.¹⁸ Mandatory sterilization also ended many marriages. In addition, nearly one quarter of those surveyed said that their forced sterilizations caused them to remain unmarried.¹⁹ Consequently, they experienced “anxiety at having to grow old without the supportive love of children, and an uncertain future in isolation and loneliness.”²⁰ Many also often live under a cloak of secrecy and a sense of shame and inferiority instilled by their forced sterilization.²¹

Finally, by being forcibly sterilized, people with disabilities lost not only the treasured ability to have children, they also lost an opportunity to add loved ones to a burgeoning disability culture. For example, in the early 1930s, Germany had a remarkably advanced deaf culture that flourished in deaf educational institutions, newspapers and retirement homes. The Nazis nearly destroyed the deaf community and prevented the deaf from perpetuating a rich cultural heritage through their children by the forcible sterilizing of many in the deaf community and by the working of deaf citizens to death. The deaf community of Germany has yet to recover fully from its annihilation during the Nazi regime.

B. Extermination: Nazi Persecution of people with disabilities included systematic and widespread murder of people with disabilities as “useless eaters.”

1. *Aktion T-4: Under An Organized Mass Murder Plan Designed Specifically For The Extermination Of Men And Women With Disabilities, Vast Numbers of People Lost Their Lives.*

Sterilization quickly turned to murder. An organized mass killing plan for the slaughter of men and women with disabilities was initiated. As early as 1933, the Ministry of Justice proposed a law that authorized physicians to “end the tortures of incurable patients, upon request, in the interests of true humanity.” Hitler wanted to eradicate the nation’s mentally and physically disabled.²²

Although these objectives never fully crystallized into formal legislation, they were effectively carried out by means of a well-organized “euthanasia” program known as Aktion T-4.[‡] In September 1939, Hitler signed a secret memo charging Philip Bouhler and Dr. Karl Brandt, Hitler’s personal physician, with the responsibility of authorizing physicians to grant a “mercy death” to patients judged incurably “sick.”^{‡‡}

‡ T-4 was the code name for the "euthanasia" program because of the address of its Berlin headquarters at Tiergarten Straße number 4.

‡‡ The German medical community played a vital role in the persecution of people with disabilities. "The world has largely ignored the issue of what the German physicians did to their patients during World War II. After the war the German medical profession simply opened again for business, as though none of this had happened." Hugh Gregory Gallagher, *By Trust Betrayed*, p. xv). In fact, the medical establishment was integral in the implementation and managing of T-4. No nurse or physician was forced to participate. They did so willingly and sometimes enthusiastically. No one, as far as was known, was sent to a concentration camp or was otherwise punished for refusing to aid in the killings. Kogon, *Nazi Mass Murder*, p. 17.

However, the massive organization of T-4 and the descriptions of those to be killed reveal that it was never intended to be limited to “mercy deaths” for the terminally ill.²³

Aktion T-4 evolved into a ruthless scheme in which the “[c]linical execution of defenseless, chronically ill people was to become a normal part of medical routine and community life.”²⁴ The German government’s definition of “euthanasia” was sweeping, and applied to all persons with a wide range of mental and physical disabilities, such as blindness, retardation, epilepsy, autism, depression, bipolar disorder, mobility disability, or physical deformity. The motivation was not quality of life, but racial cleansing and economic savings.²⁵ Although the government and the medical community tried to portray the program as eugenic, rather than punitive and “eliminative,” terms such as “euthanasia,” “final medical assistance,” and “mercy death” were only euphemisms for the widespread, systematic annihilation of people with disabilities.²⁶ In order to implement their goal of wholesale eradication of populations, the Nazis experimented on people with disabilities to determine the most efficient methods of killing them, as well as other identifiable groups.²⁷ People with disabilities were the victims of the first experimental gas chamber at Brandenburg in the winter of 1939–1940. During a “trial gassing” in January of 1940, helpless mentally ill patients were gassed to death to demonstrate the effectiveness of poison gas relative to the slower deaths that resulted from injections of morphine and scopolamine.²⁸

Techniques for disguising gas chambers with shower heads, tiling, and fake plumbing, in order to deceive and quiet the victims, were also developed in the euthanasia centers of T-4.²⁹

There is strong evidence that the horrific intentions of Aktion T-4 were obvious to the public. Many citizens were active participants in the mass extermination of people with disabilities.³ The programs required a network of workers to drive the vans, dig graves, run the incinerators, clean the hospital wards and process paperwork. It was even considered glamorous and monetarily beneficial to work on the “classified” T-4 program. Employees were offered dental work at reduced prices that used recycled gold from murdered people with disabilities.³⁰ T-4 staff members and their families were granted frequent free vacations at choice resorts in Austria, as well as special allowances, bonuses and other perks. The turnover rate of T-4 employees was remarkably low.³¹

‡ The vans that transported patients to killing centers were a familiar sight. When they passed through town, children would call out, "There they go again for gassing." Gallagher at 168. It was rumored in the villages that heads and other body parts were detached for anatomical investigation. The thick smog from the crematorium attached to the Hadamar killing institution was visible almost every day over the town. The authorities would send out large numbers of death notices after a mass extermination. The next day, the newspapers would be filled with obituaries citing the same date and place of death. See id.

Not every German citizen supported these practices. In particular, a Catholic Bishop of Munster sharply criticized the killings: "If you establish and apply the principle that you can kill 'unproductive' fellow human beings than woe betide us all when we become old and frail!...[W]oe betide loyal soldiers who return to the homeland seriously disabled, as cripples, as invalids, if it is once accepted that people have the right to kill 'unproductive' fellow humans. . . ." The United States Holocaust Memorial Museum, Handicapped—Victims of the Nazi Era 1933-1945.

The medical community and universities were also directly involved. Physicians throughout Germany filled out questionnaires for all patients in long-term hospitals, sanitariums, and asylums. The form included questions about the patient's work capacity and information to determine whether the patient was "deserving of life." This was forwarded to other physicians on assessment committees who determined which patients should be killed. Originally, a death sentence required unanimity, but as the program evolved, a simple majority was sufficient.³² Patients to be killed were transferred from rehabilitation centers, mental institutions, hospitals, and nursing homes to "observation institutions." These institutions, in fact, served as staging locations to gather victims before they were taken to one of six major disability killing centers. These centers were the sites of most of the murders of people with disabilities during the first phase of the adult killing program from approximately 1939 to 1941.

The slaughter of disabled people at Hadamar, for example, (one of the six main killing institutions), occurred with bureaucratic regularity and efficiency. Good morale was essential to its smooth operation. To maintain the high level of "efficiency" and to keep the spirits of the hospital staff at an optimum, the hospital administrators repeatedly underscored the importance of the killing program. For example, during the summer of 1941, a ceremony in the right wing lobby at Hadamar marked a milestone in the killing program. The entire hospital staff attended the

celebration, where beer and wine were served. Following the initial festivities, all participants proceeded to the basement to witness the burning of the ten thousandth victim. The corpse was garnished with fresh flowers arranged attractively around small flags bearing the Nazi swastika. One of the doctors offered a few inspirational words to the participants about the importance of the work at Hadamar. The body was then thrust into the furnace. At this point, several of the participants performed a mock eulogy of the victim, to the great pleasure of the others, all set to the music of a local Polka band.³³

2. *The “Children’s Program” : Under A Special Nazi Program, Countless Infants And Children With Disabilities Were Murdered.*

In addition to Aktion T-4, the Nazis developed a program specifically to target the most vulnerable: children with disabilities. The killing of newborns was of the highest priority to prevent a new generation of people with disabilities.³⁴ Accordingly, the Reich Committee for Scientific Research of Serious Illness of Hereditary and Protonic Origin was created to pursue a children’s “euthanasia” program. On August 18, 1939, the committee issued a decree that required reporting of all newborns and infants under the age of three with suspected “serious hereditary diseases.” These “diseases” included Down’s syndrome, deformities, paralysis, deafness, blindness, and numerous others. While physicians had been unofficially killing babies “unfit to live” since at least 1933, the creation of this committee officially authorized such killings.

Dr. Karl Brandt explained the aim: “The objective was to obtain possession of these abortions and destroy them as soon as possible after they had been brought into the world.” A questionnaire was prepared in which the attending physician provided a detailed history.³⁵ The doctors also made predictions about the baby’s future quality of life. The questionnaires were then sent to a committee of physicians who determined whether to give the child a mark of “+”, which recommended extermination. Those disabled children selected to be murdered were transferred to one of 28 official killing centers. These were usually located in a wing of a hospital. One such “children’s department” consisted of 640 beds in the Austrian institution Am Steinhof; the “department” was an active children’s killing ward.³⁶

A massive lethal injection, often directly into the heart, was the most common method of extermination, but children deemed “unfit” to live were often killed in a deliberately drawn out and painful manner. In many cases poison was administered slowly over several days or weeks so that death could be attributed to pneumonia or other complications. Other doctors preferred the particularly painful approach of starvation. Dr. Hermann Pfannmuller wanted his patients to die of “natural causes.” When giving a tour of his hospital, Dr. Pfannmuller was described as exhibiting a child, holding it like a dead rabbit and declaring with a grin: “With this one, for example, it will still take two to three days.”³⁷

The circle of murder quickly expanded. On July 12, 1941, all medical personnel were asked to register any minors with disabilities. By autumn of 1941, the child killing program was broadened to include children up to the age of 17. At the same time, state financial allowances for disabled children were terminated.³⁸ Because of the unavailability and destruction of records, it is impossible to know how many children with disabilities met their deaths through the children's killing program.³⁹

Moreover, like the sterilization program, the children's euthanasia program not only deprived families of their children, but it prevented many parents with disabilities from perpetuating the disability culture through their offspring.

3. The Concentration Camps: People With Disabilities Were Exterminated By The Thousands.

People with disabilities were also herded into concentration camps. In the camps, the euthanasia program was given the code name "14 f 13" and was used to exterminate those prisoners with disabilities who were unable to work. Prisoners selected for murder were shipped to a killing institution where they were exterminated by poison gas.⁴⁰ Many of the original T-4 staff were responsible for the "14 f 13" transfers of concentration camp inmates to euthanasia institutions.⁴¹

Among the markings used to identify concentration camp inmates was a special armband with the German word *Blod* that indicated prisoners who were "feeble-minded." These people were also sometimes forced to wear a cruel sign around their necks that read, "I am a Moron!"⁴² Deaf

prisoners, such as one deaf survivor whose story Disability Rights Advocates has on file, wore a metal pin in the shape of an inverted red triangle inscribed with the word *Taubstummen*, “Deaf and Dumb.” Because his disability did not prevent him from working, this survivor suffered through a death march that lasted almost two weeks. His account retells the hardship of standing in line as his ghetto was being liquidated and of watching the soldiers separate those who could walk from those who could not. Those who were unable to walk were considered too burdensome to transport and were either shot or burned alive.

The killings also continued in occupied countries. In October 1939, large groups of Pomeranian patients were transported to a location near Danzig and shot to death.⁴³ In the fall of 1940, for example, 1,558 mental patients in East Prussia and approximately 250 to 300 Polish people with disabilities were exterminated. In the Soviet Union, “all inmates of psychiatric hospitals, without exception, were killed by the Nazis immediately after the invasion.”⁴⁴ In Bohemia and Moravia, German patients were transferred to the Sudetenland for sterilization and extermination. The removal of 700 ethnic Germans from the independent puppet state of Slovakia fostered rumors that they had been “turned into soap.”⁴⁵ One of the most notorious killing hospitals was the Meseritz-Obrawalde hospital in Prussia, which facilitated the extermination of disabled patients from twenty-six German cities.⁴⁶ The staff at Meseritz-Obrawalde selected “patients who caused extra work for nurses, those who were

deaf-mute, ill, obstructive, or undisciplined, and anyone else who was simply annoying.” At this institution, the preferred methods of murder were drug overdoses or lethal injections.⁴⁷

4. *“Wild” Euthanasia : The Disability Murders Continued After the “Euthanasia” Program Was Officially Halted And Even After World War II Had Ended.*

Although the Aktion T-4 euthanasia program was “officially” halted in August of 1941, the exterminations continued. The stop order applied only to the official German killing centers and to the use of poison gas. Mass murder of people with disabilities continued in other institutions and by other means, and the rate of murder actually increased. Also, the stop order did not apply to the children’s killing program or to the so-called medical research on disabled children.⁴⁸ Thus, a decentralized system of “wild” euthanasia continued until World War II ended in 1945.⁴⁹ Nurses and physicians commonly “disinfected” patients by means of poison, starvation and lethal injections. At Gugging State Hospital, patients were killed with painful electroshock treatments.⁵⁰ Physicians also murdered their disabled patients according to their own personal standards, which included the availability of sickbeds, blankets, and other supplies. “Although its control over the localized euthanasia killing lacked the precision of the earlier killing-center phase, the T-4 Central Office did continue to recruit and direct...T-4 also expanded the pool of potential victims; persons suffering from diseases of old age were

included as T-4 combed through old-age homes and poorhouses....”

Friedlander, *Origins of Nazi Genocide*, p. 159.

Moreover, the killing continued even after the collapse of the Nazi regime. Three months after the war had ended, a German physician returning home from the front found that psychiatrists at a local institution were still routinely killing their patients. On May 29, 1945, American troops stood by unaware as four year old Richard Jenne became the last victim of Nazi murder at Kaufbenren hospital, less than half a mile away. He was killed by the staff of the children’s ward at 1:10 in the afternoon, his cause of death listed as “typhus.” When the Americans finally investigated Kaufbenren the next month, they were shocked to discover a “wholesale extermination plant” with deplorable conditions: “Scabies, lice, and other vermin were encountered throughout, linens were dirty and quarantine measures non-existent upon investigators’ arrival.”⁵¹

III. SWITZERLAND’S ROLE: DISCRIMINATORY IMMIGRATION LAWS AND “EUGENIC” DOMESTIC POLICIES IN SWITZERLAND CONTRIBUTED SIGNIFICANTLY TO THE SUFFERING OF PEOPLE WITH DISABILITIES.

A. Blocked Borders: People With Disabilities Were Turned Back At The Swiss Borders.

Hoping to avoid the mass slaughter of Aktion T-4, many people with disabilities, like other targets of Nazi hatred, sought refuge in Switzerland. Their action was understandable; Switzerland had achieved almost mythological status as an international haven. However, after

World War I xenophobia and an overarching fear of people with disabilities gripped the Swiss. “Race hygiene” soon became a standing, “self-evident” concept. The “quality” of a human being (in Darwinian terms) was the only criterion for a sound population policy.⁵² Indeed, under various cost-saving policies in different cantons during the 1920s, many Swiss citizens with disabilities were sent to Germany for treatment. Most were later murdered in euthanasia facilities.⁵³

In addition, in 1933 Swiss officials at the federal level (*eidgenössische Behörde*) created two separate categories of civilian refugees (*Zivilfluchtlinge*). Political refugees (*politische Fluchtlinge*) were given blanket asylum, although only on a temporary basis. The admittance of all other refugees (*gewöhnliche Fluchtlinge*) was restricted. Further concerns over a potential deluge of refugees (*Überfremdung*) led the Swiss to keep “undesirables” out of the country. Indeed, in 1938 the Swiss government urged German officials to stamp passports with a particular symbol that would indicate a person’s background.⁵⁴ As a result, an undetermined number of refugees were handed back to their Nazi tormentors.[‡]

‡ Alfred Hasler, *Das Boot ist Voll: Die Schweiz und die Fluchtlinge 1933-1945* (Zurich, Stuttgart, 1967). “No one knows the precise number of people turned away. No records of those refused entry were kept until August 13, 1942. Moreover, it is highly probable that the civil and military authorities destroyed many such lists after the war. The *Neue Zürcher Zeitung* for December 5, 1996, stated that these lists were ‘largely’ destroyed.” Ziegler, *The Swiss, the Gold and the Dead*, p. 208. Because of a published report from Christoph Graf, the director of the Swiss Federal Archives, entitled “Die Schweiz und die fluchtlinge 1933-1945” (“Switzerland and the Refugees 1933-1945”) and based on 45,000 files, some studies estimate that more than 100,000 refugees were turned back at the border. See id. at 208-09. A recent report by an international panel of historians found that Switzerland rejected at least 24,500 Jews. The report fails to even mention people with disabilities who were turned back by the Swiss.

The numbers of people with disabilities turned back by the Swiss thus included both (a) the 15–20% percent of the Jewish refugee population who were disabled, as well as (b) those targeted directly by the Nazis because of their disabilities.

Overseeing the refugee policy were the federal Bundesrat, which established policy, and the Grenzpolizei, which patrolled the streets and road border crossings. Between the two, extensive efforts were made to limit immigration, and restrictions were constantly tightened. The Swiss added, for the first time, a mandatory visa requirement. Article 9 of the Federal Act of October 7, 1939 provided for the forcible expulsion of all victims of persecution who entered Switzerland illegally. Less than three years later, on August 13, 1942, the Bundesrat decreed that individuals seeking entry into Switzerland without a valid visa would be returned to their countries of origin. Finally, the Swiss frontiers were completely sealed off during the winter of 1942–43.⁵⁵ Only political refugees and military deserters remained exempt from this policy.

On March 12, 1943, the Swiss government increased its network of internment camps. These camps were used to contain refugees who had entered after August 1942 but who had not been repatriated. Many suffering from physical or mental disabilities were quarantined in various hospitals and sanatoriums.⁵⁶ Others were put to work. For example, one refugee kept at Gyrenbad was forced into hard labor, fed poor food, and made to sleep on straw. Later, he was sent to work on an isolated farm.

The fact that he suffered from polio and wore a brace on his deformed leg did not matter.⁵⁷

B. Swiss Eugenics: People With Disabilities Were Both Denied Marriage And Subject To Forced Sterilization In Switzerland During 1933–1945.

As early as 1925, the Swiss Civil Code prohibited marriage in which at least one of the parties was feeble-minded or insane. It decreed that: “Persons who are of unsound mind are absolutely incapable of marrying.” Furthermore, one comment from the Code notes, “The commentators are agreed that this prohibition is intended to be for very wide application, otherwise the paragraph would not have been added; for *prima facie* the first paragraph seems to be sufficient to rule out persons suffering from any form of insanity.”⁵⁸ The rule was, in fact, interpreted broadly. For example, under the code a person could be found fully competent to carry out a business transaction, yet still regarded as “mentally ill” such that he was prohibited from marrying.⁵⁹ The law had the intended impact on people with disabilities. Professor Hans Ulrich Jost of the University of Lausanne found that many patients with disabilities were victimized by the 1928 sterilization law, with females accounting for nine out of ten victims. However, in part because sterilization was generally performed during another operation, it is difficult to estimate the total number of people who were forcibly sterilized. Nevertheless, substantial anecdotal evidence exists. A document issued by the Zurich University Polyclinic and dated 1944 tells of a young woman who, when two

months pregnant, was recommended for sterilization because she was “feeble-minded, morally weak, idiotic, and promiscuous.” “Hitler asked for copies of laws that could sterilize ‘promiscuous idiots;’ Shadow of Race Hygiene Lengthens” *The Herald* (Glasgow) 28 August 1997, p. 11.

Switzerland did not stop with marriage policies; it also intruded into the realm of reproduction. Believing that people with disabilities were “unfit” to reproduce, in 1928 the Vaud canton of Eastern Switzerland authorized the forced sterilization of people with disabilities. This law, one of the first of its kind in the world, was noted and admired by Hitler. Indeed, Hitler requested from Vaud and from the Berne government copies of laws that required or permitted the sterilization of “promiscuous idiots.” He greatly favored the Swiss law and used it as a basis for Nazi Germany’s own sterilization policies.

Eugenic and discriminatory attitudes continue to degrade and victimize people with disabilities in Switzerland. As Professor Jacques Voneche, a specialist in child and adolescent psychology at the University of Geneva, describes: “Obviously, these sterilizations are still being practiced today in Switzerland, but not openly.” He suggests that forced sterilizations are supported by parents, doctors and leaders of institutions.⁶⁰ Authorities have denied these allegations, and the Swiss government has evaded responsibility by arguing that the 26 cantons of the Swiss federation are each responsible for making their own decisions on public health.⁶¹

IV. GERMAN AND SWISS PROFIT: THE NAZI WAR MACHINE, GERMAN INDUSTRY AND SWISS ENTITIES ALL PROFITED SUBSTANTIALLY FROM THE PERSECUTION AND EXPLOITATION OF PEOPLE WITH DISABILITIES.

“The economics of euthanasia for the chronically disabled were widely discussed. It was wartime, budgets were sky-high, deficits were extraordinary, health resources were limited. It was argued that expenditures for long-term care of patients, who might never again be economically productive citizens, made little economic sense in cost/benefit terms as compared with similar expenditures on improved public health programs to keep the able-bodied healthy. Scarce health care resources were to be rationed.”

Hugh Gallagher, *Black Bird Fly Away: Disabled in an Able-bodied World*, p. 227[‡]

The belief that people with disabilities were categorically non-productive and impoverished is false. Many people with disabilities led normal lives with families, homes, property and businesses.^{‡‡} The exploitation of people with disabilities contributed in multiple ways to the Nazi war effort and substantially enriched the Nazi regime. Gold watches, spectacle frames and other personal assets were plundered from

[‡] Current discussions of the need to "control costs" and to ration and prioritize health care based on economic, rather than medical considerations (especially when accompanied by discussions of assisted suicide for the disabled), have a chilling resonance for people with disabilities today.

^{‡‡}For example, Willy Erler was a thirty-five-year-old blind shoemaker before he was committed to an institution in July of 1939 and later transferred to a killing center in February of 1940. Erich Strelow, deaf-mute cigar maker, and Dr. Hermann Wirsting, a fifty-seven-year-old dentist, were both "euthanized" in 1940. Friedlander, *The Origins of Nazi Genocide*, p. 173. In addition, Fred Fedrid survived the Lodz ghetto, but his family lost all their possessions to the Nazis, including a valuable stamp collection. Mr. Fedrid's story is one of several similar stories documented by Disability Rights Advocates.

victims; their bodies were used for medical research; the families of victims were forced to pay fraudulent expenses; and savings from murdering rather than caring for the disabled population were tallied. People with disabilities were forced to work throughout the Nazi era in disability institutions, in concentration camps, in local industries and for the German military. All of these atrocities benefitted from the support and collaboration of Swiss entities.

A. Exploitation And Plunder: The Nazis Looted The Property And Assets Of People With Disabilities.

A particularly gruesome example of looting from people with disabilities was the widespread extraction of gold dental work and the taking of jewelry, rings, watches and other assets from corpses at Hadamar and other killing centers. After T-4 disability patients were murdered, workers systematically extracted gold teeth and looted personal effects and other assets that were to be used for the war effort. All patients with dental work were identified by crosses on their backs. The corpses with these crosses were collected after death, and the gold teeth taken. The gold was removed to the killing center office, where it was collected in a paper carton. After a substantial amount of gold had been collected, the collection was then sent to the central T-4 office in Berlin.⁶² As described below, much of this gold found its way to Switzerland.

In addition to systematically taking valuables from murdered disabled victims, the staff in the killing centers would often kill patients merely to plunder their assets. “Sometimes the nursing staff just wanted

to lay hands upon a watch, a nice suit or a good pair of shoes belonging to a patient, who was then killed to satisfy their cupidity.”⁶³ At Auschwitz, the disabled “unfit” were killed and “the hair of the[ir] corpses w[as] cut off, and their [gold-filled] teeth...extracted by specialists.”⁶⁴

The looting methods developed in euthanasia centers were later used in the concentration camps, which also included disabled people.⁶⁵ “The system of stealing gold teeth and gold bridgework from the corpses of the murdered victims was first introduced in the euthanasia killing centers and then copied in the extermination camps of Operation Reinhard.”⁶⁶ The disability “euthanasia” institutions also developed the idea of built-in crematoriums, complete with conveyer belts to the ovens, that could dispose of large numbers of corpses. In twenty-four hours, a killing center could “process” a living person with a disability into ashes through a murder method that they euphemistically termed “disinfection.”⁶⁷ The emphasis on efficiency extended to the methods developed for removing any personal effects, eyeglass frames, gold or other valuables from the victims, either before or after their murder.[‡] In addition, the Nazis also profited from the disability murder programs by charging the families of victims for the costs of institutionalization

‡ "Trusteeship Office East maintained branches in nearly all ghettos. Like other looted gold, what they collected was conveyed to Berlin, deposited at the Reichsbank, and melted down. Although precise figures are unavailable, most of it was shipped off to Switzerland...Looted valuables were also consigned to safe-deposit boxes rented from...mostly Swiss, private banks." Ziegler, *The Swiss, The Dead, the Gold*, p. 123.

and “mercy deaths.” Families were charged (at least through the day of the victim’s death) for food, lodging and “health care.” In many cases families were charged beyond the day of death by means of falsified death certificates. The institutions often falsely added several months onto the lives of patients, generating from two hundred to three thousand extra Reich marks per patient.⁶⁸ Furthermore, these patients were starved and neglected in their final days, incurring little to no actual cost for the institutions. The development of entire starvation wards allowed Germany to financially benefit by literally taking food out of the mouths of helpless people.

Eradicating “social burdens” saved the government and the German war machine millions of Reich marks.[‡] Overall, the Nazis expected to save 885,439,800 RMS by September 1, 1951.⁶⁹ Even school text books asked students to calculate the costs of maintaining people with disabilities. One such “problem” presented in a text book stated, “[t]he construction of an insane asylum requires 6 million RMS. How many housing units @ 15,000 RMS could be built for the amount spent on insane asylums?”⁷⁰ The termination of state financial allowances for children with disabilities in 1941 became still another source of financial gain.⁷¹

‡ For example, they calculated that each murdered patient would have consumed 700g of marmalade per month, with each kilo of marmalade costing 120 RMS. From this they concluded that the extermination program saved 5,902,920 kg of marmalade and 7,083,504 RMS over ten years. Savings were also tallied from projected expenditures on cheese (1,054,080 RMS), bread (20,857,026 RMS), meat (36,429,588 RMS) and other commodities.

Switzerland also reaped direct and substantial benefits from the Nazi persecution and exploitation of people with disabilities. German officials laundered stolen money through Swiss banks by offering looted assets at discount prices in exchange for secure deposits.⁷² In order to finance intelligence operations, the German Foreign Office also deposited in Swiss banks funds extorted by the Gestapo and profits from sales of looted diamonds and gold.⁷³ Essentially, the Swiss safeguarded the profits of slave labor and the vast sums of money that the Nazis looted from their victims.[‡]

This knowing support of the Nazi regime by the Swiss prolonged the suffering of countless people with disabilities.

B. Medical Experimentation: Germany And German Companies Profited From Forcibly Using People With Disabilities In Inhumane Medical Experiments Both Before And After Their Deaths.

Many people with disabilities became the subject of medical research both before and after their deaths and were used to enrich the profits and prestige of medical institutions, doctors, and German and Austrian universities and researchers. Corpses of patients that had been marked before gassing as being of potential “scientific interest” were sep-

‡ In addition, the Swiss extended loans to build and strengthen Nazi institutions. When Nazi Germany had spent all of its foreign exchange, the Swiss government agreed to provide massive loans. By the end of 1942, Germany had borrowed SF 850 million to buy Swiss-manufactured weapons to fight the war. Moreover, estimates at the height of World War II placed Swiss investments in Germany at approximately \$2 billion. There were also reports of pro-Nazi activities in Davos, an alpine resort. At the resort, numerous Swiss banks and at least 3 Catholic sanatoria were identified as centers of espionage and repositories for substantial sums forwarded by German diplomats and Nazi leaders.

arated out and delivered to a nearby autopsy room. Young German physicians performed autopsies on these corpses to earn academic credit.⁷⁴ Many organs from murdered disabled victims, brains in particular, were recovered for scientific study at medical institutes. Researchers sent lists of desiderata to killing centers requesting the brains of dwarves and people suffering from “idiocy” and rare neurological abnormalities, presumably with the belief that such disabilities would be scientifically interesting.⁷⁵ Although many organs were harvested, the brains of murdered victims were the ones most utilized. Some of Germany’s most prestigious institutions benefitted from this hideous use of the body parts of murdered people with disabilities, including Breslau University, Heidelberg University and the medical schools and psychiatric departments at Bonn, Cologne, Berlin and Leipzig.⁷⁶

In October of 1942, Professor Schneider of the University of Heidelberg wrote of the “many beautiful types of idiots” he had seen in Professor Dr. August Hirt’s Strasbourg laboratory. In January of 1943, he requested the brains of children murdered at the Eichberg asylum.⁷⁷ On March 9, 1944, Professor Hallervorden of the Kaiser Wilhelm Institute for Brain Research in Berlin acknowledged receipt of 697 brains taken from the disabled murder victims at Brandenburg Gorden.⁷⁸ Later that year, Professor Schneider complained that Eichberg was no longer sending him any brains and suggested that, in order to “increase the material,” it was “the turn” of the disabled children at the Herten Institute.⁷⁹ Also,

historians have revealed that the research of Nazi neurologist Heinrich Gross was based on “the preserved brains of children killed because they were deemed handicapped or anti-social.”⁸⁰ Doctors accused of the Nazi-era killings of disabled children used the remains of the victims for research up to the mid-1960s.⁸¹

People with disabilities were also subjected to horrific medical experimentation while they were still alive.‡ Paul Nitsche, a key figure in the euthanasia programs, wrote on September 18 and 20 of 1941 that the Gorden asylum was suitable for the study of the feeble-minded and epileptics before “disinfection” (the code word for death by gassing).⁸² Hideous experiments were also carried out on people with disabilities who were held in concentration camps. At Ravensbruck concentration camp, “a few abnormal prisoners (mentally ill) were chosen and brought to the operating table, and amputations of the whole leg (at the hip joint) were carried out ...amputation of the whole arm (with the shoulder blade) were carried out. Afterwards, the victims (if they still lived) were killed by means of evipan injections and the leg or arm was taken to Hohenlyschen and served the [research] purpose.”⁸³

‡ "Physicians and researchers who performed experiments on live prisoners were themselves murderers, of course, often using horribly painful tortures in the name of science, and killing or mutilating thousands. More than five hundred such experiments were carried on at Dachau alone, and reports of them were regularly sent to universities." Weiss, *Ideology of Death*, p. 358.

C. Forced Labor : People With Disabilities Were Subject To Forced Labor In Disability Institutions, and Non-Institutionalized People With Disabilities Were Subject To Forced Labor In Nazi-Occupied Territories And Other Settings.

Contrary to the Nazi propaganda that depicted the disabled population as a non-productive burden on society, substantial numbers of people with disabilities were forced to work and were exploited for their labor, as described below. Indeed, disabled prisoners were routinely assigned to special work details in concentration camps, such as sock-darning and the lumberyard.⁸⁴ It is now impossible to know how many survivors with disabilities there are in the world who were subject to forced labor, except for the certainty that they constituted a significant percentage of the population.[‡] Disability Rights Advocates and its staff have been diligently researching this subject worldwide for almost two years. However, major data banks of Holocaust survivors, such as those maintained by Yad Vashem, Simon Wiesenthal Center and the Shoah Foundation, do not use disability as a research index. Records geared to disability are virtually non-existent, and (as described previously) researchers have ignored the subject. Moreover, Hitler's forced disability sterilization program deprived an entire generation of heirs, and the perceived and internalized shame of sterilization has kept victims from coming forward. In addition, workers at some plants, such as I.G. Farber, had

[‡] For example, "J.G. Farben destroyed its concentration camp records in 1944, just before the Russians reached Auschwitz." Ideology of Death at 391.

a life expectancy of only two to three months. Weiss, *Ideology of Death*, p. 349.

In fact, the extent to which a disabled person was able to work was often the crucial factor that determined whether the individual would live or die. The majority of people with disabilities were able to perform at least some kind of manual labor, and, like many Jews, were kept alive and viciously exploited for their work before being killed. “In December 1941, when the first mass gassings began, traveling medical boards helped select those who could work or be killed immediately. A few of the physicians were overeager; the SS men had to tell them not to condemn too many, for someone had to do the work.”⁸⁵

The one-armed machine press operator portrayed as a laborer in the film *Schindler's List* is a powerful contemporary symbol of all those men and women with disabilities whose labor was exploited throughout the Nazi era. People with disabilities were considered a good labor source because many of them were clustered in institutions (or could be identified and reached through the institutions with which they were registered), and they could be quickly conscripted in groups, both large and small, for industrial or other work assignments. For example, in 1941 and 1942 the Meseritz-Obrawalde Hospital in the Prussian province of Pomerania received patients with disabilities in transports from at least 26 German cities. The staff killed only those patients who were unable to work (in addition to patients who were “troublesome”).⁸⁶ In addition,

slave workers were often imported from the East and then killed once disability or illness reached the stage where it prevented them from working. As a result of deplorable living and working conditions, many *Ostarbeiter* (imported forced labor from Poland and the Soviet Union) contracted tuberculosis and were no longer able to work. These people were labeled “mentally ill” and sent to killing institutions where, upon arrival, they were given lethal injections.⁸⁷

In addition, both before and after the creation of the T-4 euthanasia program, the use of institutionalized patients as a means of forced labor was a widely accepted practice, often under the rubric of “therapy.” Throughout Germany, in dozens of separate institutions, people with disabilities were routinely subject to forced labor. “Judging from the annual reports of asylums, by the mid 1930s, an overwhelming majority” of patients were engaged in virtually unpaid labor, a fact which totally contradicted the repeated claim that healthy ‘national comrades’ were having to shoulder the burden of maintaining unproductive ‘ballast existences’ in so-called luxury asylums.”⁸⁸ When the massive disability killing programs began, the T-4 personnel demanded productive work from the remaining patients,⁸⁹ and the decision to murder disabled patients was based, to a large extent, on their ability to work.⁹⁰ Physicians were sent questionnaires that specifically asked them to classify their disabled patients based on work capacity.⁹¹ T-4 policy required physicians to

report patients with certain conditions if those patients were unable to do work in the institution or could do only routine labor.⁹²

As a result of these policies, the institutionalized disabled population was divided into three categories: 1) incurable but still able to work, 2) able to do work as part of “treatment,” and 3) incurable and no longer able to do work.⁹³ “Work” was very broadly defined. It included “simple mechanical work,” which included “the peeling of potatoes and vegetables, the manufacture of simple cardboard boxes, paper bags, and mats, etc... .”⁹⁴ Because work capacity was the single most important criterion for selecting who was to live and die, productive patients escaped T-4, at least for a time, so that their labor could be used to fuel the German war machine.⁹⁵

Over 80 percent of the patients at Kaufbeuren-Irsee, for example, did some form of work in return for sweets, smoking materials, or small amounts of pocket money. In addition, the unpaid labor of disabled patients enabled the institutions to save money on salaried staff as well as on sedative expenditures, because men and women, when physically exhausted, tended not to be unruly. Not only did many institutions save money, but they profited greatly from this forced labor. Eglfing-Haar, for example, had 458,691 hectares of land under cultivation. Institutions also sub-contracted work from local industry, such as cigar manufacturers.⁹⁶

The disability euthanasia institutions were very similar to the concentration camps in purpose and conditions. After the war, a former

inmate of the Eichberg institution, who was later transferred to several concentration camps, testified that her experiences at Eichberg had been as terrible as her incarceration in the camps.⁹⁷ Both disability institutions and concentration camps had slave labor, built-in crematoriums, gas chambers disguised as shower rooms, horrific medical experimentations, and starvation wards. Both were designed for mass murder in order to “purify” the German race. Because of these similarities, the stresses experienced by the patients were not unlike those experienced in concentration camps. For example, Selmar S., an eighteen-year-old patient at the Hadamar killing center, escaped from his work party while laboring on the Schnepfenhausen estate. He worked for over a year before his repeated attempts to escape. His threats to “tell things about the asylum” led to his murder in June of 1943.⁹⁸ Minna H., a German woman “terrified out of her wits by air raids,” was sent forcibly to a mental institution, where she sewed borders around rugs. In March of 1944, she was put to death after being marked as a “trouble-maker” for requesting thimbles for herself and others whose fingers were bleeding from sewing.⁹⁹

Disability Rights Advocates has also interviewed men and women with disabilities, still living, who were forced to work in factories under the Nazi regime. Deaf people were particularly exploited, presumably because their hearing loss did not diminish their ability to perform even the most rigorous physical jobs. In some cases, deaf workers were considered especially desirable because of their ability to function in high

noise industrial or military settings. Some, such as deaf survivor Fred Fedrid (now deceased), were kept alive specifically to work as skilled labor. Mr. Fedrid had been trained as a tailor and was used by the Nazis to alter the uniforms of deceased Nazi soldiers for new recruits. Due to his worth to the Nazis as a skilled laborer, Mr. Fedrid managed to survive through incarcerations in Auschwitz and Dachau. In addition, Rose Feld-Rosman, another DRA client, is a person with a hearing disability who was forced to sew uniforms in a factory. In that factory, as all workers knew, a laborer who broke 5 needles would be sent to be killed in a concentration camp. Under unbearable pressure, Ms. Rosman was forced to keep sewing for months after she had broken 4 needles.

Moreover, disabled inmates of concentration camps were not exempted from forced labor in the camps. “In theory, good physical health was a fundamental prerequisite, though in practice this condition was a farce. It sometimes happened that the Camp Medical Officers examined as many as 1,100 prisoners in two hours—in other words, at a rate of almost ten per minute—exempting only a couple of dozen as unfit for travel, though hundreds suffered from chronic malnutrition at the very least.” Kogon, *Nazi Mass Murder*, pp. 98–99. Similarly, in the killing center at Auschwitz, the SS staff “identified and selected those still able to work so that they could exploit their labor before killing them.” Friedlander, *Origins of Nazi Genocide*, p. 300. This practice had already been undertaken by the “euthanasia” killers, who postponed the deaths of

those patients with disabilities still able to work. *United States Military Tribunal*, transcript of the proceedings in Case 1, pp.2506, 2510, 2515–16. In fact, there were certain work details in the camps that were mainly pre-empted by prisoners with disabilities. See Kogon, *Nazi Mass Murder*, p. 88. *The Encyclopedia of the Holocaust*, p. 451.

Finally, people with disabilities, along with others, were also conscripted from the concentration camps to be part of the slave labor force for German industry.[‡] At the Nazi death camp in Auschwitz, for example, I. G. Farben ran a slave labor plant in which more than 83,000 people worked at its peak in 1944. Just a single company—Siemens—used almost 100,000 men and women in its forced labor program between 1939 and 1945. Siemens obtained its work force from among the prisoners of at least 20 death camps set up by the Nazis, including Auschwitz, Flossenberg and Gross Rosen, all of which included people with disabilities.^{‡‡}

‡ In December 1941, when the first mass gassings began, traveling medical boards helped select those who could work or be killed immediately. A few of the physicians were overeager; the SS men had to tell them not to condemn too many, for someone had to do the work.

‡‡ "Krupp employed some 100,000 slaves in scores of different plants and work projects; Siemens, AEG, Flick, Telefunken, Daimler-Benz, and Rheinmetall all used slave laborers from Dachau, Buchenwald, and Mauthausen; thousands also slaved for Messerschmidt, Junkers, Heinkel, Brabag, and a variety of German and Austrian construction firms In the I.G. Farben plant at Auschwitz, thirty thousand laborers died in three years; some 20 percent of those engaged in heavy labor for various firms perished each month." Weiss, *Ideology of Death*, p. 349. Proctor, *Racial Hygiene*, p. 221; Ferencz, *Less Than Slaves*, p. 95.

V. UNMARKED GRAVES: THERE HAVE BEEN NO MEMORIALS, NO REMEMBRANCE AND NO REPARATIONS FOR THE AGONIES INFLICTED ON PEOPLE WITH DISABILITIES.

The suffering of people with disabilities during the Holocaust has gone unrecognized and uncompensated. Because of neglect by historians, as well as the political powerlessness and economic deprivation of people with disabilities, no memorial center or museum specifically for survivors with disabilities exists anywhere in the world today. People with disabilities are entitled to such a remembrance center—one which reflects their own culture, suffering, obstacles, pain and triumphs. A proper memorial should encapsulate the histories and context out of which monumental events arise. As one prominent scholar has observed: “[Memorials] reflect both the past experiences and current lives of their communities, as well as the state’s memory of itself.”¹⁰⁰ Without any memorials dedicated to people with disabilities, there are no reminders to the world of the horrors inflicted on people with disabilities during the Holocaust. And without these reminders, the specter of a recurrence of this nightmarish victimization remains.

Moreover, although there are literally hundreds of Holocaust memorials internationally,[‡] it is exceedingly rare for any of them to give more than a passing reference to people with disabilities. Most do not even mention the horrors inflicted on disabled people during the

[‡] A cursory Internet search of Holocaust centers and organizations disclosed over 200 such entities in the United States alone.

Holocaust. In Yad Vashem in Israel, among the acres of memorials and the tens of thousands of pages of text, there is only a single brief (and completely inaccurate) reference to the murder of people with disabilities. As one of the Yad Vashem directors stated, “A museum is always about its own place, its own audience. Yes, the Nazis killed gentiles, Gypsies, gays and political prisoners, too. But that is not the story at Yad Vashem. Here it is the Jewish story in the Jewish state.”¹⁰¹ Similarly, the Simon Wiesenthal Center Museum of Tolerance in Los Angeles, when visited by Disability Rights Advocates staff, did not have, among its many expensive, high-tech displays, even a single exhibit dealing with people with disabilities.

People with disabilities have also received virtually no reparations; this injustice has recently and accurately been summarized:

After the war, disabled victims were not recognized as persons persecuted by the Nazi regime. Survivors received no restitution for time spent in the killing hospitals; neither did they receive restitution for compulsory sterilization. Although the sterilization law had been declared invalid by the Allies, the postwar German state did not recognize sterilization under the Nazi era law as racial persecution, and postwar German courts held that compulsory sterilization under the law had followed proper procedures. Disabled persons challenging such rulings lost their cases in court when they could not prove that the finding that led to their sterilization had been medically wrong. The appeal of a sterilized deaf person was thus denied in 1950 after two court appointed physicians certified that the original finding of congenital deafness had been accurate. In 1964, the appeal for restitution from a sterilized person, who during the Nazi period had been a student at the for-

mer Israelite Institution for the Deaf in Berlin, was denied. The postwar German court found that while the appellant as a Jew belonged to a group recognized as persecuted under the restitution law, his sterilization as a deaf person did not constitute Nazi persecution. To this day, the German state has not fully recognized and compensated the disabled, including the deaf, for their persecution during the Nazi period.¹⁰²

One reparations Court declared that disabled victims were “people below the level of ciphers.” Another Court refused to punish those who acted in the euthanasia program because euthanasia had had its supporters before the Nazi era, and therefore the act was not punishable as a specifically Nazi crime.¹⁰³ From time to time efforts were made to expand the guidelines of a 1953 law, so as to provide for those who were victims of the sterilization and euthanasia policies. These efforts all failed.¹⁰⁴

The neglect continues to the present. People with disabilities were designated as one of five victim groups, but were completely overlooked in the notice process of *In re: Holocaust Victim Assets; Weiss Haus, et al. v. Union Bank of Switzerland, et al.* The notice in the *Holocaust Victim Assets* litigation may be the most expensive and extensive ever given. The Notice Administrators anticipated spending \$2.3 million on notice for Jewish organizations alone. Another \$500,000 was allocated to reach Romani organizations and media. In contrast, not one dollar was allocated for organizations serving people with disabilities. In addition, no provision whatsoever was made for braille notice, audio notice, TTY, diskette, large type for the vision disabled, or accessible computer tech-

nology for people with disabilities. The Plan also states that the Notice Administrators intended to contact over 6,000 Jewish organizations worldwide and perhaps as many as 500 Romani organizations. However, no disability organizations were ever consulted or informed about the notification procedures.

VI. CONCLUSION: REMEMBERING THE PAST, CONFRONTING THE PRESENT, BUILDING FOR THE FUTURE.

“Forgetting the Extermination Is Part Of The Extermination Itself.” Jean Baudrillard

Discrimination against people with disabilities did not end with the Holocaust. At this very moment, people with disabilities all over the world are the subject of many of the same myths, dehumanizing stereotypes and falsehoods that made their sterilization, exploitation, and extermination possible during the Nazi Era. The wrongs inflicted on them are all the more remarkable because although persons with disabilities constitute a shamefully neglected minority in virtually every country in the world, they constitute a very large group. An estimated minimum of 16 percent of any national population has one or more disabilities, and in many countries the disability rate exceeds 20%. Nevertheless, people with disabilities still face dire situations, ranging from massive unemployment to near prison-like conditions in institutions. They are also

often abused and neglected.[‡] Consequently, they must continue to campaign for the most basic human rights and dignities.

This remains true in contemporary German society, where many people with disabilities are treated as second-class citizens and are viewed as economic burdens and inconveniences. Discriminatory attitudes have resulted in acts of targeted violence, including public taunts, insults, harassment, attacks, beatings and killings. Neo-Nazis (“skin-heads”) have led the abuse. Reports show that skinheads have beaten a blind man to death, severely beaten five deaf boys, thrown a wheelchair-using man down subway stairs, and shouted taunts such as “They must have forgotten you in Dachau,” and “Under Hitler, you would have been gassed.”¹⁰⁵ The *Journal of the British Council of Organizations of Disabled People* reports that as many as 1000 disabled German citizens have been physically or verbally harassed in a single year.¹⁰⁶ In addition, German police do not always document hate crimes or enforce laws that ensure provision of employment for people with disabilities. As a result of this discrimination, some people with disabilities are hesitant to leave their homes.

Such harmful attitudes and treatment are not limited to Germany. Worldwide, people with disabilities are marginalized and at-risk. They

[‡] People with disabilities can hardly expect to feel safe when in 1999 Princeton University elevates Peter Singer to an endowed professorship. Mr. Singer argues that in some circumstances there is nothing unethical about killing children with disabilities, such as those with Down's Syndrome or Spina Bifida. "Killing a defective infant is not morally equivalent to killing a person," he has written. "Sometimes it is not wrong at all." See, e.g. "Life and Death at Princeton," *Newsweek* at 80, Sept. 13, 1999.

face formidable and multiple societal and attitudinal barriers. For example, throughout Central and Eastern Europe, where many of the Nazi atrocities occurred, mass transit is inaccessible to the mobility impaired, and para-transit or alternative transportation is almost non-existent. Few accommodations have been made to help blind or deaf men and women. Braille elevator buttons or audio crosswalk signals are installed only rarely. In Eastern Europe, it is estimated that at least 20% of people who need wheelchairs do not have them. Most of those lucky enough to have wheelchairs find that they are costly, inadequate, inappropriate (being far too heavy, for instance) and difficult to repair.

In short, the programs implemented by the Nazis to victimize and exploit people with disabilities are part of a pervasive and lasting legacy of discrimination towards people with disabilities. Accordingly, the Holocaust for people with disabilities must be viewed in terms of a larger context which links memory, present realities and future solutions.

The Holocaust was overwhelmingly evil and a moral catastrophe that remains a summons to memory. It diminishes both that summons and the continuing significance of that atrocity to give anything less than full recognition to the cold-blooded persecution of the hundreds of thousands of disabled victims of the Nazi nightmare. The wrongs inflicted during the Holocaust were not merely physical and financial; they were an effort to erase a class of human beings solely because of their disabilities. People with disabilities during the Holocaust who suffered sterilization—

forever shamed, and those exterminated forever silenced—deserve recognition and remembrance. The Holocaust, which now is part of the shared history of people with disabilities, acts as a warning both to the disability community and to all who care about liberty, justice, fairness and the resolution of social, ethical, and moral dilemmas that inevitably arise when nations, societies, communities, and neighborhoods fail to recognize and nurture the humanity that is present in all human beings.

People with disabilities want the same things and dream the same dreams as everyone else. They hope for a good education, a chance to work, and an opportunity to take part in the lives of their communities. They want to be, and often are, parents, artists, professionals, consumers, teachers, business people and taxpayers. The most formidable barriers which disabled people face, both physical and attitudinal, stem not from any individual disability, but from arbitrary societal constructs that can and must be changed to accommodate the full spectrum of human abilities.

Moverover, it is in society's best interests to promote the full participation of people with disabilities. Men and women with disabilities can contribute significantly in every area of contemporary life. Any nation who neglects or rejects such a resource does so at its own peril. With estimates from the United Nations that 25% of all the families in the world are affected by disability, any public policies which ignore or marginalize a group so large and diverse cannot be considered sound.

Finally, the suffering of the disability community also must never be excluded or minimized in the telling of the “story” of the Holocaust because, as Jewish people have long recognized, the key to “Never Again” is never forgetting. It does not diminish the agonies of the other countless victims of the Holocaust to fully recognize the atrocities committed against men, women, and children with disabilities.‡ There is enough grief to go around. The world has never experienced such a devastating loss as that caused by the Holocaust. Yet, so long as history fails to recognize the persecution of people with disabilities, we cannot be assured that it will not be repeated.

‡ The number of survivors of the disability Holocaust is very difficult to estimate, and is almost always undercounted. Survivors in Central and Eastern Europe are so severely isolated, scattered and over-institutionalized that they are extremely difficult to contact particularly with the limited resources available to the disability community. Attempts to locate them are also difficult, in the context of events which happened over 50 years ago, but which have been nearly forgotten due to an extraordinary neglect by historians of the horrors inflicted by Nazi Germany on its disability population. Moreover, numerous records have been destroyed or altered, and many victims did not live to tell their stories. Existing data banks or Holocaust institutions are not useful because these institutions have not indexed or catalogued by disability.

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