

Talking Back against
the Nazi Scheme to
Kill the Handicapped
Citizens of Germany
1933-1945

Talking Back against the Nazi Scheme to Kill the Handicapped Citizens of Germany 1933-1945

By

Alan R. Rushton

Cambridge
Scholars
Publishing



Talking Back against the Nazi Scheme to Kill the Handicapped Citizens
of Germany 1933-1945

By Alan R. Rushton

This book first published 2018

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Copyright © 2018 by Alan R. Rushton

All rights for this book reserved. No part of this book may be reproduced,
stored in a retrieval system, or transmitted, in any form or by any means,
electronic, mechanical, photocopying, recording or otherwise, without
the prior permission of the copyright owner.

ISBN (10): 1-5275-1129-4

ISBN (13): 978-1-5275-1129-3

To NANCY

History is lived and suffered by individuals, each of whom brings
a complicated personality and varied experiences onto the stage.

—Frederic Tubach, 2011

CONTENTS

List of Illustrations	ix
List of Tables	xi
Preface	xiii
List of Abbreviations	xv
Section I. Perceptions of [Dis]ability in Germany	
Chapter One.....	3
Introduction: Health and Beauty?	
Chapter Two	19
The Volk and Race before 1933	
Chapter Three	31
The National Socialist Racial State and the Disabled before 1939	
Section II. “Euthanasie” [Euthanasia]: Participants and Protesters	
Chapter Four.....	53
Applied Eugenics before “Euthanasie”	
Chapter Five	63
Planning and Implementation of “Euthanasia” at Brandenburg	
Chapter Six.....	81
Grafeneck	
Chapter Seven.....	115
Hartheim: Austria and Bavaria	
Chapter Eight.....	141
The Euthanasia Centers in the Saxony Region	

Chapter Nine.....	155
The Sonderweg [Special Path] to Bethel	
Chapter Ten	175
Hadamard	
Chapter Eleven	191
The End of the Beginning	
Section III. Outcome	
Chapter Twelve	211
When “Stopp” did not mean “Halt”: The Euthanasia Program after August 1941	
Chapter Thirteen	237
The Continuation of Life	
Bibliography	247
Index	271

LIST OF ILLUSTRATIONS

Figure 1.1 Beautiful and Healthy: Germany c1920.....	9
Figure 1.2 Verkrüppelt [Crippled], Ugly and Unhealthy: Germany c1920.....	10

LIST OF TABLES

Table 5.1 Fictitious T4 Government Offices	65
Table 5.2 Pediatric Euthanasia Criteria	65
Table 5.3 Adult Euthanasia Criteria	68
Table 5.4 Euthanasia Killing Centers	69
Table 5.5 Brandenburg Test Participants.....	74

PREFACE

The National Socialist government mounted an impressive propaganda campaign beginning in 1933 to convince the German people that there would be two classes of citizens in the new Germany governed by Adolf Hitler. The mentally and physically fit would be able to work and produce healthy children for the future of the Reich. The mentally and physically handicapped could not contribute much to the economy and drained resources for their care that should be allocated to the healthy. If such individuals had children, the same pattern of disorder would most likely be repeated. The healthy would make society powerful again after the collapse of the Weimar policies and the deprivation of the Great Depression. Parents, teachers, politicians, nurses, doctors and the clergy were supposed to report disabled people to hereditary courts that would order compulsory sterilization beginning in 1934. Handicapped people in institutions received fewer and fewer food resources and slowly starved to death. When war began in 1939, the systematic murder of the disabled by poison gas accelerated the racial cleansing.

While doing my research on this topic, I noted that some citizens of Germany did not accept the racial eugenic policies of the National Socialist government. Although protest against the government became increasingly dangerous as war approached, priests, pastors, teachers, doctors, nurses, politicians, parents and, in a few cases, the disabled persons themselves attempted to impede the systematic elimination of the handicapped in Germany.

I have lectured on the euthanasia program to audiences in both America and Europe. Three comments always arose:

1. How did an advanced, civilized European country contrive a program to destroy the most vulnerable citizens of the land?
2. Did anyone disagree with the German government dictates during the Nazi era?
3. Why has no one heard about this insult to basic human rights that took place during the twentieth century?

The reason that this important historical story is little known to English speakers is because most of the primary references are in German. No

book in English has told the story of the protests against the National Socialist inhumane “treatment” approach. Everyone has heard about the Holocaust and the murder of European Jews. The National Socialist euthanasia program began earlier and provided training and logistical skills for those who later would implement Hitler’s plan to eliminate the Jews. But first, he wanted to rid German society of handicapped people, the “ballast people,” that dragged society downward. These were the first victims of a holocaust. This is the story of protest against these crimes.

My historian colleague Michael Lackey read the drafts of each chapter and made many helpful comments to improve the flow. My wife Nancy Spencer Rushton once again served as copy and clarity editor. The staff at Firestone Library of Princeton University provided immeasurable assistance in obtaining the often obscure foreign texts that enlightened my research. Many thanks to all who contributed to the successful completion of this seven-year project.

LIST OF ABBREVIATIONS

DRK	Deutsche Rotes Kreuz [German Red Cross]
Gau	NSDAP administrative district
Gauleiter	Regional NSDAP official
Gestapo	Geheime Staatspolizei [Secret Police]
Kraft durch Freude	[Strength through Joy]
Kriegsmarine	German Navy
KWIA	Kaiser Wilhelm Institute for Anthropology, Human Heredity and Eugenics
KWS	Kaiser Wilhelm Society
Meldebogen	Registration forms
NSDAP	National Sozialistische Deutsche Arbeiterpartei
ORP	Office of Racial Politics
SA	Sturmabteilung [Assault Division of NSDAP]
SD	Sicherheitsdienst [Security Police]
SS	Schutzstaffel [Protective Echelon of NSDAP]
Volk	The people
Volksgemeinschaft	National community
Wehrmacht	German army

SECTION I.

PERCEPTIONS OF [DIS]ABILITY IN GERMANY

CHAPTER ONE

INTRODUCTION: HEALTH AND BEAUTY?

The Dresden Hygiene Museum in Germany sponsored an exhibition in 1911 to promote healthy living; more than 5 million German citizens attended that year. A larger-than-life statue of a perfectly proportioned muscular man stood at the entrance to the exposition hall. The legend on the base proclaimed, “No wealth equals you, O Health.” The goals of the spectacle were to demonstrate the importance of diet and exercise to promote healthy living and to provide scientific evidence that each person possessed an inherited constitution that could be strengthened by such a “rational lifestyle.” Those with healthy constitutions then would likely transmit these desirable attributes to their children and improve the general health of society in the future (Hau, 2003, 107-111).

Most German health writers of the era agreed that the physical ideal was reflected in the human form represented by classical Greek sculptures and now idealized in the massive Dresden statue. The Greek mathematician Polykleitos defined the proportional unity of the human body that guided the sculpting of the Naples Doryphoros, a Roman copy of an original Greek statue that depicted an ideal male figure. Likewise, the Venus de Milo came to represent the paragon of female beauty. Their aesthetic appeal was based upon the proportionality of each part to the whole. This harmony then reflected the laws of nature that guided the material universe (Tobin, 1975; Stewart, 1978; Gaugele, 2012, 88-89; Laes, Goodey, and Rose, 2013).

The Greek epitome established a high standard for modern society. This was the “eternal valid ideal of beauty” which reflected not only physical but mental health as well (Hau, 2003, 33; Heynen, 2015, 5). Aristotle had argued that art was not mere image but reflected “universal truths in a form comprehended by many.” Such truths could also reveal moral verities (Guyer, 2016, 1).

German Aesthetics

By the mid-18th century the German literary community began to consider the relationship between art and humanity. Christian Wulff noted in 1717 that human art reflected the perfection of God. "... The chief claim of the world is this: that we should cognize the perfection of God from it. Now if the world is to be a mirror of the wisdom of God, then we must encounter divine aims in it, and perceive the means by which he attains these aims." Hence, art could be a window on universal moral truth as represented by God (Wulff, 1726; Guyer, 2016, 2-7). Johann Winckelmann agreed with Aristotle that human beauty was more than superficial appearance of the body. It really was an expression of the "thought and character of persons." Beauty then could represent truthfully an objective perfection of the mind and body, the factors that defined personhood. The Greek human ideal in art likewise expressed not only physical beauty, but also thought and temperament as well (Winckelmann and Bauman, 2006, 29; Guyer, 2016, 29). Johann Georg Sulzer carried this notion to another level by arguing that the body reflected moral tone as well. He claimed that the ideal of beauty was the "external form of the inner character of a human being." External beauty expressed inner goodness, and conversely a hateful appearance demonstrated a troubled inner soul (Sulzer, 1792-1794, 322; Guyer, 2016, 41-43).

The leading philosopher of this era, Immanuel Kant, developed an "Ideal of Beauty" in his 1790 work *Critique of the Power of Judgment*. He maintained that beauty was, in fact, both important and objective. He observed that human beauty was the "visible expression of moral ideas, which inwardly govern human beings." The beauty of the human figure was associated with the "morally good in the idea of the highest purposiveness, goodness of soul, or purity and strength... The beautiful is the symbol of the morally good" (Kant, 2000, 225-228; Guyer, 2016, 55-59).

By the end of the 18th century, two leading German writers popularized Kant's notion of beauty and morality. Johann Wolfgang von Goethe discussed the classic Greek sculptures in his 1798 *Propylaea*. No doubt, all agreed that these works of art were "beautiful," but beauty was much more than their physical appearance. Goethe believed that art reflected "character." This factor was rooted in beauty, but not identical with it. "Character bears to the beautiful the same relation as the skeleton to the living man... It consolidates and defines the form" (von Goethe, 1921, 37-38; Gage, 1980, 48-49). Character reflected an "inner lawfulness of nature," providing objective insights into the natural world. He concluded,

“Beauty is a manifestation of secret natural laws...” (Fischer and Nassar, 2005, 12).

Friedrich Schiller agreed with his friend Goethe that beauty of human form did have objectivity. He noted in his 1795 *Letters on the Aesthetical Education of Man*, “Beauty reflects human nature as being in the image of God” (Schiller, 1845, 72-77; Beisner, 2005, 56; Wertz, 2005, 92). Beauty was not merely form, but mirrored “formed matter expressing itself freely” (Wertz, 2005, 95-106). Beauty was also not a fixed personality trait. It reflected morality by the action of each individual person (Guyer, 2016, 59-60). In a 1793 letter Schiller discussed the opposite of beauty. “Whence however order, proportion, etc. belong to the nature of the thing, as in the case of anything organic... they are inseparable from the nature of the thing. The good then is beautiful.” But “a gross violation of proportion is ugly, but not because perfection of proportion is beautiful. Absolutely not, but because it is a violation of nature that indicates heteronomy” (Beisner, 2005, 58; Welsch, 2014, 4-13). The ugly reflected a violation of natural law, the reflection of God, and hence represented a moral defect. Beautiful then was good and moral; ugly represented disharmony and loss of moral integrity.

Karl Rosenkranz further assessed the notion of negative beauty, or ugliness, in his 1853 *Asthetik des Hässlichen* [Aesthetics of ugliness]. He outlined a medical model that defined the beautiful and healthy, while ugly was labeled pathological and reflected “ill, deformed, loss of function, aging; all deviations from the healthy norm.” Changes in the ideal such as illness then were violations of the definition of what constituted a model human being. Disease and ugliness altered the desired proportions—beauty—that also reflected harmony and good health. Hence, “ugliness was the embodiment of evil.” Rosenkrantz also provided many examples where the trait of ugliness appeared to have a hereditary basis (Gilman 1995, 52-54; Rosenkranz, 2015, 45).

The Evolution of the Modern German Sense of Beauty

The Dresden man exemplified the opinion of many of the visitors to the health exhibition. Most observers now accepted the classic Greek form of beauty as the “German beauty” as well (Gilman 1995, 68). The legend on the base, however, implied a warning. Despite significant economic growth in the years prior to 1900, the health of individual Germans and the population as a whole concerned many citizens. If individual health reflected the health of the race—the *Volkskörper*—the body politic, then the desired beauty of German society needed intervention if it was to

survive and prosper into the 20th century. The major concerns at this time were the unresolved issues that resulted from the rapid transformation of Germany from a rural-agricultural community to a world leader in urbanization and industrial output. The industrial economy began later in Germany than in England, but evolved rapidly after 1850 with massive population shifts. Fertility rose after 1800, providing resources of labor for farms and small towns. Industry settled in urban areas and then drew young people there to work in an evolving national economy fostered by improved canal and rail transportation systems. The population of Berlin rose twice as fast as that of other European capitals. The population of Prussia itself doubled between 1852 and 1871.

The Soziale Frage [Social Question] presented to the Second Reich government involved economic changes in society from unemployment due to fluctuating labor demands in industry and the urban living conditions that often were not conducive to good health for the workers or their families. “Social crimes” such as alcoholism, prostitution and illegitimate births became common in the city neighborhoods of Germany. Urbanization resulted in a rising rate of infant mortality and an apparent increase in the number of feeble-minded and mentally ill citizens as well.

People thought that their leaders were not listening and responding to their concerns because the upper classes were prejudiced against any change that might alter their own status in society (Schmoller, 1874; Kollman, 1981, 450-458; Weiss, S., 1987, 7-14; Grimmer-Solem, 2003, 90-94). Chancellor Otto von Bismarck was a conservative politician and sought to block any significant change in the way German society functioned. Dissent was not tolerated; he wanted the citizens to be respectful and law-abiding. Maintenance of the status quo was the goal. Other commentators believed that social reform should be supported by the government and the civil service, and, with careful planning, real social improvement could perhaps be completed within one or two generations (Schmoller, 1874; Stern, 1992, xxv-xxx).

The reality of the situation was that by the end of the 19th century, there was fear among all social classes that revealed great concern about everyone’s status and future in Germany. The French psychiatrist Benedict Augustine Morel published his *Traite des degenerescences physiques, intellectuelles et morales de l’espece humaine* [Treatise on the physical, intellectual and moral degeneration of man] in 1857 that had a profound impact on the practice of psychiatry in Germany. He agreed that psychiatrists could diagnose various forms of mental illness, but available treatments often had little long-term success in returning patients to productive life in the community. Morel believed that mental illness

resulted from hereditary degeneration of the nervous system. Everyday observations confirmed that these were hereditary illnesses, appearing in families for multiple generations. The rising number of such patients produced great social implications for the growing industrial economy in Germany because these individuals were unproductive and did not enhance the smooth functioning of modern society. Morel defined two basic classes of people:

1. Healthy and productive;
2. Hereditarily ill, degenerate and asocial.

If the ill members reproduced in large numbers over time, there was the possibility that the social costs for their care would bankrupt modern society (Morel, 1857; Weiss, S., 1987, 21-23; Pick, 1989, 44-54).

German psychiatrists came to understand degeneration as an “unfavorable hereditary deviation from type,” that is, an aberration of the body that typically produced changes in the brain affecting the ability of those afflicted to function as normal human beings. The concept of hereditary degeneration was expanded by the end of the 19th century to include disorders of all different body systems, including susceptibility to acquire infectious disease. Carl Gustav Carus was a German physician and artist who greatly admired the work of Goethe. He also viewed the world and the human body in aesthetic terms of union and harmony with nature. He measured human body proportions, as had the Greek sculptors, and defined an ideal “type.” His study of many living people allowed him to identify 18 different “types” or constitutions associated with predisposition to various diseases (Hau, 2003, 103; Gray, 2004, 103).

Between 1880 and 1900 there was remarkable development of a new science called bacteriology that defined the association of specific microorganisms with the development of characteristic human diseases, such as syphilis, tuberculosis and scarlet fever. Physicians observed that not everyone exposed to a person with such “infectious” diseases also became infected. There was clearly some interaction between the infectious “seed” and the organic “soil” of individuals, and this constitution appeared to be hereditary. Both Ottomar Rosenbach in his *Arzt contra Bakteriologie* [Physician opposed to bacteriology] and Ferdinand Hueppe in his *Handbuch der Hygiene* [Handbook of hygiene] argued that healthy constitution could be improved by regular exercise, sunshine and good nutrition which would increase the likelihood that the next generation would inherit the tendency to good health and resistance to disease. Such a healthy constitution was also reflected in a beautiful body (Hueppe, 1899,

242-252; Rosenbach, 1903; Diepgen, 1955, 138-144; Weiss, S., 1987, 25; Weindling, 1989, 171; Hau, 2003, 103-105).

The application of social Darwinism, that is, natural selection applied to human populations, further increased anxiety about the future health of German citizens. The physician Ernst Haeckel believed that uncontrolled reproduction by the degenerative elements in society would seriously impact the success of middle-class citizens in the future. Social welfare programs to improve nutrition, education and housing for the unfit might make their lives better now, but would not change the likelihood of transmitting such characters to the next generation. Social progress was therefore not inevitable. Continued existence of the “other” segment of the populace was damaging the future of the majority and required action to alter the course of nature (Weiss, S., 1987, 27-35; Snyder and Mitchell, 2006, 110-111; Conroy, 2017, 23-43).

The 1892 work *Entartung* [Degeneration] by the German physician Max Nordau crystallized and explicated the fears of many in European society at the time. Industrialism and urban life had not improved the moral or physical health of many people; just the opposite was true. Crime, mental illness and physical degeneration were on the rise. He claimed that degenerate heredity often produced a set of “somatic features” that identified individuals as members of such “degenerate” families. The *Volkskörper* was ill, and removal of the anti-social was required if the community health was to progress in the future. Social hygiene aimed to limit the extension of this deviance. He believed that “... beauty is in its essence synonymous with morality” (Nordau, 1897, 336; Heynen, 2015, 1-6). Modern society then could define a norm and declare who had worthwhile or worthless lives as citizens of the community at large (Planert, 2000, 543-544).

The British physician and cousin of Charles Darwin, Francis Galton, outlined a mechanism to improve society’s future by minimizing the number of degenerate individual offspring. He defined the term “eugenics” as a social system to encourage the reproduction of the healthy and to strictly limit the marriage of the undesirable degenerate individuals in society (Galton, 1873, 116-130). Wilhelm Schallmeyer presented the first comprehensive plan to improve Germany’s future with the application of eugenics in 1895. He urged citizens to act in a fashion that would perpetuate the superior traditions of German culture in his *Die drohende physische Entartung der Culturvölker* [The threatening physical degeneration of the body politic]. He pointed out that modern medicine often treated disease but did not prevent its reappearance in the next generation by hereditary transmission of degenerate characters. Medicine “aids the individual but at the expense of the human race” (Weiss, S.,

1987, 17). The practice of eugenics was designed to apply the general laws of heredity to the societal goals for the future. He urged the organization of genetic health clinics to review the family histories of people wishing to marry in order to educate them as to who should not reproduce because of a high likelihood of producing children affected with serious diseases. Schallmeyer applied a “managerial logic” to German eugenics at this time (Schallmeyer, 1895; Weiss, S., 1987, 47-53; Heynen, 2015, 32).

Moriz Kende catalogued a long list of diseases due to degeneration such as anemia, diabetes, poor eyesight and mental deficiency that had a hereditary basis. His 1901 volume was titled *Die Entartung des Menschengeschlechts, ihre Ursache und die Mittel zu ihre Bekämpfung* [The degeneration of the human race, its origin and the means to oppose it] and expressed some degree of hope for the future (Kende, 1901, 36-48; Weiss, S., 1987, 25-26). Limiting reproduction by those with abnormal constitutions was the key to the future improvement of the health of the productive majority.

Beauty in Modern German Society

In early 20th century Germany the beauty of individual people was felt to represent the overall beauty and health of one’s race—the Volkskörper—the body politic (Figure 1.1).



Figure 1.1 Beautiful and Healthy: Germany c1920

Beauty was now objectified and defined the best physical and moral character of society (Ramsbrock, 2015, 570).

Conversely, handicapping conditions or disabilities were seen as “undesirable deviation[s] from normative existence” (Snyder and Mitchell, 2006, 3). It was widely accepted that physical characteristics manifested the hereditary nature of each individual’s constitution. Body habitus denoted the mental and physical state of a person’s health or disease. Deviation from the norm implied perversion. “Disability” signified a difference, a catastrophe to one degree or another, for the person, family, and society itself. The loss of “normal” evoked fear. People “desire similarity and even more... desire identicalness.” Disabled people did not conform to the rules of society. They prevented society from defining “health, vigor, strength, cleverness and intelligence” as the models or norms by their mere *existence* (Stiker, 1999, 6-10; Waldschmidt, 2006). Physical ugliness then was believed to reflect inherited degeneracy (Hau, 2003, 34-36).

Ugliness is the diseased and sick human. In the same way beauty bears the stamp of a perfect harmony of all physical, mental and spiritual functions; ugliness is the expression of all this dysharmony and of all physical and mental disturbances (Hau, 2003, 63-65).

Individuals who did not correspond to the idealized norm were defined as “degenerates” (Figure 1.2) (Hau, 2003, 6). Many felt that a “deviant body” disqualified a person from full participation in the community (Gilman, 1995, 64; Snyder and Mitchell, 2006, 112; Posh, 2012, 138-140).



Figure 1.2 Verkrüppelt [Crippled], Ugly and Unhealthy: Germany c1920

The German physician Carl Heinrich Stratz studied the body proportionality of many different racial specimens, just as the classic Greek sculptors had done. His 1902 publication *Rassenschönheit des Weibes* [Racial beauty of women] was enormously popular and continued to be published until World War II. His anthropological research convinced him that Caucasian women were the most capable, “perfect and beautiful individuals.” He defined beauty in terms of the body proportions in the statue Venus de Milo and concluded that “Nordic women” embodied the ideal norm for modern German middle class women as well. This was an “objective standard of beauty” which also signified a healthy hereditary constitution (Stratz, 1911; Hau, 2003, 86-100; Gaugele, 2012, 82; Planert, 2000, 551-552).

The hope for German society would require the implementation of an exemplar race of homogeneous productive citizens, cleansed of all undesirable elements. Political will or even violence might be required to make these significant social policy changes (Weiss, S., 1987, 21-23; Hau, 2003, 119; Snyder and Mitchell, 2006, 111; Schmuhl, 2009b; Heynen, 2015, 333). The rise of National Socialism after World War I would employ just such a system of eugenic measures designed to improve the health of the German community (Wedemeyer, 2010).

The Disabled as Citizens

At the same time certain opposing views about the disabled flourished. A nation-wide survey completed in 1906 recorded 75,000 crippled children in Germany. They were truly asocial, outside the normal educational and cultural realm. A few physicians and educators did not view them as inferior but equal “to other people and deserved the same access to treatment and care as anyone else” (Poore, 2007, 54-55). German states and churches responded by constructing rehabilitation hospitals to enhance the lives of the epileptics, cripples and the mentally handicapped. Dr. Konrad Biesalski founded the Oskar-Helene-Heim, the children’s rehabilitation center in Berlin, and stated that his goal for the patients was to make them economically productive, contributing to the community. “We plan to transition the cripple from one who receives alms to one who becomes a taxpayer.” He sought to move the “asocial” into the community as an active participant in all respects (Biesalski, 1915, 34; Fuchs, 2001, 31-39; Osten, 2004, 348; Schmuhl, 2009b). The director of education at the school, Hans Wurtz, was convinced that the crippled children were socially ill as well. He believed that the patients perceived themselves as “unusual,” creating a barrier to any collective sense in society. “The

cripple is to be made socially capable.” Such education would promote integration and a productive mental connection with the community (Hamilton, 1997, 227; Fuchs, 2010, 115-116).

The rehabilitation of the injured war veterans was coupled with the “social cosmetics” of disfigured civilians in order that each group could fit into Weimar society that valued able-bodied workers. Several historians have noted, “The inhabitants of the 1920s were more obsessed with their bodies than any other generation in Western culture before or after them” (Ramsbrock, 2015, 93-96, Ramsbrock, 2016, 556). The government social hygiene programs were aimed at improving the “economic and military potential of the nation.” Cosmetics and aesthetic surgery became big business in order to make both men and women appear more healthy and able to compete with “greater success in society and business.” By 1929 the Reichstag began to consider whether social health insurance should cover aesthetic surgery, applying science to improve the mental and physical health of the body politic (Ramsbrock, 2016, 560-566). Ugly people faced the same employment issues as the crippled and war-injured. They were viewed as “occupationally disabled” and deserved assistance from the government for the “preservation and restoration of labour power and productivity which...was the ultimate goal of social insurance” (Ramsbrock, 2016, 575; Gilman, 1999, 170).

The goals espoused by the social reformers who advocated for the handicapped did not survive the 1920s. The hyperinflation of the early years of the decade followed by the Great Depression and economic collapse in 1929 dramatically changed the opinion many Germans had of their disabled neighbors. Resources spent on the disabled were now recognized as a threat to the well-being and improvement of the lives of the majority in the community. Anxiety in German society was raised because of the general sense that order was severely threatened. Life was spinning out of control. The disabled were seen in stereotypical fashion as the “other.” The fact that some people were really different seemed to many as a threat to social stability and control of daily life. The “other” was “ill and infectious... damaged and damaging” (Gilman, 1985, 16-34).

A consensus began to evolve among prominent politicians, social and biological scientists, physicians and religious leaders that the limited resources in society had to be allocated to the healthy who could be productive to once again bring Germany to economic health. The “other” who could not work were seen as hereditarily inferior and “damaging” to society and had to be checked. The passion for similarity would eventually lead to “exploitation, repression, rejection and sacrifice” (Stiker, 1999, 11; Hong, 2009, 177-178).

Paul Schultze-Naumburg published *Kunst und Rasse* [Art and race] in 1928 as a collection of photographs of disabled people. These individuals certainly were “other” and deviated from the aesthetic ideal of the “healthy Nordic man.” He declared the photographs were collected from “the deepest depths of human misery and human scum, from the asylums, psychiatric clinics, cripples’ homes, lepers’ colonies and hideouts of the most debased.” He urged welfare organizations to keep such “creatures” hidden from public view (Schultze-Naumburg, 1928; Poore, 2007, 75-76).

Individual German citizens appeared over time to agree with the same sentiment. The writer of a 1910 newspaper article objected to the proposed construction of a rehabilitation center near a beach resort town on the North Sea.

Norderney is a world-class spa with a rather small beach. Should droves of unhappy crippled children be led and allowed to swim there among the elegant, cheerful visitors to the spa? People would constantly be looking at these children with curiosity, pity or disgust. Is that good for the poor cripples? And is it good for those who want to refresh themselves for a few weeks from their responsibilities and from their work in pleasant surroundings at the seaside? (Thomann, 1992, 251).

Townpeople in Wiesbaden also protested plans for a similar facility in 1912. Local people should not be expected to endure the sight of “Siamese twins” or children with “water on the brain” in the beautiful local parks there (Thomann, 1992, 222). Berlin residents in the neighborhood around the Oskar-Helene-Heim raised concern that the hospital should omit the words “Cripple Home” from its official name. The local people also wanted assurance that the sight of young patients around the facility would not be “repulsive” (Thomann, 1992, 251).

Rehabilitation could only produce a certain degree of progress for the disabled people. They might improve, but could never be “normal.” There certainly were individuals who had such weak hereditary constitutions that no measure of healthy lifestyle or medical science could restore them to good health (Hau, 2003, 123). These deviants were stigmatized as threats to the “hygiene of society.” The proliferation of “degenerates” was a threat to the stability and function of society. To protect itself from further decay, the majority in society was justified in eliminating the antisocial citizens, the criminals and the cripples (Planert, 2000, 569-570; Heynen, 2015, 1-4). Disabilities came to be viewed as a “horror” on both medical and aesthetic grounds. The head of the German Vegetarian League Gustav Selss also argued against unlimited compassion for ill people. There had to be a balance between the rights of each individual and the rights of the

community to eradicate risk for degeneration in the future. He labeled these “unfit for life” as a drain on the resources of society. The physician Carl Heinrich Stratz argued that it was right to “eradicate all individuals who for whatever reason had lost the claim to normality.” He claimed, “Normal is the same... as beautiful” (Hau, 2003, 40). The proponent of vegetarian lifestyle Rudolf Frank denounced the contemporary sentimental approach to sickness and degeneration. He suggested that these abnormalists should be quickly removed from society via the electric chair. Two broad classes of people existed in society: the healthy and beautiful, and the “other,” who inherited sickly predispositions that eventually degenerated to disease. (Hau, 2003, 119).

After World War I, scientific opinion also agreed that physical training, nutrition and education would really do nothing to contribute to healthier offspring, because the individual constitution was strictly hereditary. Hermann W. Siemanns explicated this notion in his 1917 work *Die biologische Grundlage der Rassenhygiene und die Bevölkerungspolitik* [The biological basis of racial hygiene and the health of the body politic]. The application of eugenics to limit the reproduction of the disabled was the hope for the future (Siemens, 1917; Weiss, S., 1987, 36). The racial hygienist Max von Gruber argued that both physical and mental health depended upon the state of one’s body. The health of the body politic was then destined by the health [or ill-health] of individuals within the community (Planert, 2000, 560).

The healthy constitution was best reflected by the Nordic race because their racial essence or constitution reflected good heredity that would be transmitted to future generations. Hans F. K. Günther expanded the notion of an ideal racial type in his 1922 *Rassenkunde des deutschen Volkes* [Racial science of the German people]. The racially pure were true members of the German community. The ill, handicapped and non-Aryan were outsiders, and asocial, damaging the *Volkskörper*, the health of the body politic. The bio-political model required that political leaders remove the “other” beings for the good of the future health of all. A mentally and physically healthy people was thus essential if Germany was once again to rise to power economically and politically in the world. Exclusion of the “ballast people” from society was essential (Planert, 2000, 572). The National Socialist government after 1933 adopted these scientific opinions and implemented social policy that would eventually remove such undesirable persons in the “name of health and beauty” for the good of the wider community (Günther, 1922; Hau, 2003, 150-160, 202; Hutton, 2005; Ramsbrock, 2016, 575; Follmer, 2010; Hong, 2009, 204). German leaders initiated compulsory sterilization first and then