

Extermination of the Jewish Mentally-Ill during the Nazi Era — The “Doubly Cursed”

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Abstract: In Nazi Germany, physicians initiated a program of sterilization and euthanasia directed at the mentally-ill and physically disabled. Relatively little is known regarding the fate of the Jewish mentally-ill. Jewish mentally-ill were definitely included and targeted and were among the first who fell victim. They were systematically murdered following transfer as a specialized group, as well as killed in the general euthanasia program along with non-Jewish mentally-ill. Their murder constituted an important link between euthanasia and the Final Solution. The targeting of the Jewish mentally-ill was comprised of four processes including public assistance withdrawal, hospital treatment limitations, sterilization and murder. Jewish “patients” became indiscriminate victims not only on the basis of psychiatric diagnosis, but also on the basis of race. The killing was efficiently coordinated with assembly in collection centers prior to being transferred to their deaths. The process included deceiving Jewish patients’ family members and caregivers in order to extract financial support long after patients had been killed. Jewish patients were targeted since they were helpless and considered the embodiment of evil. Since nobody stood up for the Jews, the Nazis could treat the Jewish patients as they saw fit. Several differences existed between euthanasia of Jews and non-Jews, among which the Jewish mentally-ill were killed regardless of work ability, hospitalization length or illness severity. Furthermore, there was discrimination in the process leading up to killing (overcrowding, less food). For the Nazis, Jewish mentally-ill patients were unique among victims in that they embodied both “hazardous genes” and “racial toxins.” For many years there has been silence relating to the fate of the Jewish mentally-ill. This deserves to be corrected.

Introduction

A mere 70 years or so ago one of the most egregious episodes in the history of medicine in general and psychiatry in particular transpired. In Nazi Germany, beginning in the early 1930s and culminating in the years during World War II, German physicians initiated and developed a program of sterilization and euthanasia directed at mentally-ill and physically disabled individuals. The law enforcing sterilization was promulgated in 1933 and written by Professor Ernst Rudin, a prominent professor of psychiatry and head of the Kaiser Wilhelm Institute in Munich. The euthanasia program commenced officially in September 1939 and consisted of the systematic killing of mentally-ill and physically disabled by gassing, injection, drug overdose and starvation. The operation was code-named T4 (reference to street address in Berlin of a confiscated Jewish villa). Six gassing installations for adults were established (Bernburg, Brandenburg, Grafeneck, Hadamar, Hartheim and Sonnenstein). It is estimated that the

euthanasia program in all phases claimed 200,000 lives (reviewed in 1).

Deception Regarding the Fate of the Jewish Mentally-ill

While it is well known that euthanasia claimed the lives of so many mentally-ill and physically disabled, relatively little has been published regarding the fate of the Jewish mentally-ill and disabled within the context of this program. There are several reasons for this. Arguably the most important was the claim by Viktor Brack, the chief administrator of the Euthanasia Program, that “Jews were not granted the *good fortune* of euthanasia according to the state policy at the time” (2). Considering Brack’s pivotal role in the euthanasia program, many historians were misled and believed this assertion which was confirmed by Karl Brandt, another leader of the Aktion T4 euthanasia program, who declared at Nuremberg that he knew nothing about the fate of the Jewish dis-

abled (3). However, Jews were definitely included in the “euthanasia action.” Furthermore, they were among the first who fell victim. They were systematically murdered following transfer specifically as mentally-ill Jews, as well as killed in the general euthanasia program along with mentally-ill or disabled civilians of German, Polish and Austrian nationalities. In addition to Jewish patients with mental illness predating the Nazi Era, many Jews suffered immensely on emotional grounds following their persecution as Jews during the early years of the Third Reich reign (4). Both groups came to be discriminated against as Jews with mental illness. The intention of this paper is to detail what is known about the fate of these Jewish mentally-ill during the Nazi era in Germany, Austria and Poland, and to briefly describe unique aspects of the process in each country. Second, the aim is to place the fate of Jewish mentally-ill in context as to how it served as a particular focus of the euthanasia program, itself a harbinger for the Final Solution.

Meticulous records discovered after the war documented 70,273 deaths by gassing in the six “euthanasia” centers between January 1940 and August 1941 during the first “active” phase of the euthanasia program (5). A further estimated 130,000 patients were murdered in the second phase of “wild euthanasia” which lasted until the end of the war. It has been estimated that the total number included 5,000 Jews (3). Others have placed the number even higher at closer to 7,000 individuals. It should be emphasized that while strict criteria to qualify as mentally-ill were required, including ability to work, all Jewish mentally-ill patients were killed regardless of employability or illness severity. To be a Jew with any form of mental illness was reason enough to be killed within the context of the program (6).

With the completion of the initial period of euthanasia in early 1941, gas chambers (disguised as shower rooms) functioning in psychiatric institutions in Germany were dismantled and reassembled to the east where larger scale genocidal operations took place primarily targeting all Jews at camps including Treblinka, Belzec, Auschwitz, Sobibor and Majdanek (reviewed in 1). Since the Holocaust process began in earnest with the killing of the Jewish mentally-ill who were singled out over and above the “regular” atrocities committed by the Nazi machine

against all mentally-ill, murder of the Jewish mentally-ill constituted an important link between euthanasia and the Final Solution.

Discrimination Against the Jewish Mentally-Ill: What are the Facts?

While non-Jewish mentally-ill also suffered under the Nazis to an *inestimable degree*, depending on their diagnosis many were also permitted constructive or helpful treatments to the extent that they were available at the time. In contrast Jewish mentally-ill were exposed only to harm. In essence the targeting of the Jewish mentally-ill by the Nazis and their resultant suffering and murder may be divided into four processes or stages. These processes, as detailed by Friedlander (3), at times were simultaneous and at times temporal in nature.

1. Public assistance removal

Over the course of the 1930s, Hitler’s plan was to rid Germany of the Jews. Initially this took the form of encouraging or enforcing immigration. Thus already towards the end of the 1930s many Jews had left Germany, including most prominently those with professions and businesses who could more easily afford to start again in a new country (7). Often, families would leave behind their mentally-ill relatives due to financial and technical challenges as well as inability to obtain visas for their mentally-ill relatives (8). This left many less privileged Jews, including those with disabilities, alone to fend for themselves. Families leaving the country developed alternative, often creative, means of caring for their mentally-ill relatives including selling houses with payment over time sent directly to the caring institution, selling houses directly to state hospital agencies with mortgage payments sent directly to the hospital and selling life insurance policies to agencies that periodically sent payments to institutions (3). The plight of the Jewish mentally-ill was exacerbated on 19 November 1938, with the German government decree excluding Jews from public assistance and welfare. This loss of public assistance was devastating for mentally-ill, especially since many were left without families. According to the decree, Jewish private citizens or the regional “central welfare offices for Jews” (Reichsvereinigung — Reich Associa-

tion of Jews in Germany) had to cover nursing and other treatment costs of institutionalized Jewish patients. This also included expenditure for coerced sterilization (9). Thus the burden of caring for Jewish mentally-ill shifted from the German government to autonomous Jewish agencies. Jewish communities were forced to take responsibility for all health, education, housing and welfare needs, including care of mentally-ill.

2. Exclusion from hospital treatment

Damage to the Jewish mentally-ill did not stop at the loss of public assistance. Those Jewish patients who remained in institutions were clearly not treated with the same level of clinical care as that extended to the non-Jewish patients (4). In addition, over the course of the 1930s Jewish patients became increasingly excluded from admission to German state hospitals. Furthermore, private psychiatric institutions, of which most were church-related, also began discriminating against Jewish mentally-ill by excluding them from admission, particularly during the late 1930s. This measure was the result of three principal reasons: First, a decree was announced by the "German Supreme Administrative Court for Finances" that "nonprofit tax exemption cannot be granted to institutions and for purposes where Jews benefit." Second, families of "Aryan" patients refused to allow or complained about their family members sharing the institution with Jews (incidentally no evidence exists that patients themselves refused to share living accommodations with Jews). Third, some German employees refused to take care of Jewish patients. Friedlander (3) quotes the example of a 2-year-old retarded child, Irene Tobias, who was excluded from admission by Pastor Friedrich Lensch, Director of Alsterdorfer Psychiatric Institutions in Hamburg, because of his fear of sacrificing tax exemption and "charitable status" on the basis of a few Jews residing in "his" institution. On 8 November, 1937, Pastor Lensch stated: "We obviously cannot afford to lose our status of an institution of common public interest because of a few Jewish patients" (6). Pastor Lensch ensured that his institution was cleared of all Jewish patients by October 1938, all of whom were killed in the euthanasia program. Incidentally, following the later forced transfer of Jewish mentally-ill patients to common assembly points prior to gassing

in euthanasia killing centers, in order to ensure compliance, the Reich Ministry of Finance announced that institutions would not lose tax exempt status if they accepted Jews transferred there as a "decision of state." Nevertheless many institutions used this proclamation as an excuse to purge hospitals of Jewish mentally-ill patients during mid- to late 1930s, the example of the Alsterdorfer Psychiatric Institution being one among several. Many Jewish hospital institutions were also cleared of Jewish patients and subsequently "Aryanized" by being taken over by various German institutions or the military.

Discrimination against Jewish patients in psychiatric hospitals also applied to payment for services. In the Eichberg psychiatric institution, the area's chief administrative, Councilor Fritz Bemotat, charged 1.80 to 2.50 RM a day for hospitalization, although Jewish patients were charged double (5.00 RM) (10). Discrimination against Jewish mentally-ill was extended by virtue of government decree in June 1938, which required separation of Jewish from non-Jewish patients in state hospitals due to fears of "race defilement." An order issued on 22 June, 1938 by the interior minister of the Reich declared: "Special attention must be paid to the danger of race desecration while accommodating Jews in hospitals. They must be physically separated from patients of German or allied blood... their freedom of movement... must exclude the danger of race desecration" (11). It was stipulated that the law was to be particularly enforced in state hospitals. This led to extreme overcrowding in the few institutions that were still admitting Jewish mentally-ill. On 15 May, 1939, Jewish inpatients were made more distinct as Jews and required to insert a Jewish first name (Sara or Israel) to their German first name. This heralded a more ominous and deadly practice, a request for hospital administrators and physicians to compile a list of all Jewish patients in institutions, separated into males and females. This was already the beginning of the end.

3. Sterilization and the Jewish mentally-ill

Coerced sterilization was used on Jews regardless of diagnosis. This was in contrast to sterilization of non-Jewish patients who had to meet certain criteria. It appears that often Jews were sent to institutions in order to sterilize them without any formal psychiat-

ric diagnosis or treatment. Evidence exists that Jewish women with diagnoses of “weak psychopathy” were sent by health and nursing institutions to Hadamar in the years 1933–1939 with the principal motive for hospitalization being sterilization (12). Thus Jewish “patients” became indiscriminate victims of the sterilization policy and this sterilization took place not only on the basis of the “legal” or psychiatric diagnosis, but also on the basis of their affiliation to a race.

4. Murder of Jewish mentally-ill

The final stage of the discrimination against the Jewish mentally-ill was the ultimate undermining of their freedom and status — the euthanasia stage during which Jewish mentally-ill were targeted and systematically exterminated under the guise of participation in the T4 euthanasia program of “mercy killing.” While not precise, the Reich Association of Jews in Germany (Reichsvereinigung) believed that there were approximately 2,500 Jews in German mental institutions in early 1940 (3). This estimation did not include Austrian and Polish Jewish mentally-ill nor Jewish mentally-ill patients from mixed marriages (3). The overall estimated figure would add up to approximately 5,000 Jewish victims of euthanasia killings.

a) Euthanasia of the Jewish mentally-ill in Germany

In Germany, the first transport of mentally-ill for euthanasia from Egelfing-Haar to Grafenek consisted of 25 men. First on the list was Ludwig “Israel” Alexander — obviously a Jew. Thus there is every reason to believe that he was officially the first disabled Jew killed in the gassing phase of euthanasia and very early dispels the notion that Jews did not die by euthanasia. (3). However, the killing of Jews in this manner did not stop at the individual level. Relatively early in the process of killing of the mentally-ill Jews became specific targets for extermination. This shift occurred since T4 managers felt that standard operating procedure of the T4 program would be too slow, too bureaucratic and too burdensome for killing the Jewish mentally-ill. In order to increase efficiency, a form was filled out following an order of the Reich Interior Ministry (9 October, 1939) for the registration of all mentally-ill patients. The form re-

quired “specification of race” for all mentally-ill patients in the country. The decision to kill Jewish mentally-ill in particular was made in March/April 1940. A further order by the Reich Interior Ministry was issued on 30 August, 1940, requiring that Jewish patients be transferred to a “collective institution.” For each province in Germany one such “collective institution” was determined for transfer (see Table 1). Collective institutions ensured a smooth process prior to arrival at annihilation institutions.

Table 1. *Collective institutions/assembly stations according to area in Germany and Austria*

Hessen Area: Giessen Institution

For Bavaria Area: Egelfing-Haar Institution

Baden Area: Heppenheim Institution

Rheinprovince: Andernach and Duesseldorf-Grafenberg Institution

Schleswig and Hamburg Area: Hamburg-Langenhorn Institution

Berlin Area: Berlin-Buch Institution

Vienna Area: Am Steinhof Institution

Northern Germany: Wunstorf Institution

The procedure was complex but highly efficient and effective. Jewish mentally-ill were targeted as a group, gathered in groups and killed in groups (8). Very few paper trails were left detailing the process; however, the few that remain were substantially incriminating. First, local Gestapo offices in each community began to collect statistics on institutionalized Jewish patients. They ordered Jewish communities to forward information on institutionalized Jews (8). This was supported by the decree of Herbert Linden, the Reich Interior Minister, on 15 April, 1940, which required all local authorities to provide a list of Jewish patients suffering from “feeble-mindedness and mental illness” (3, 4, 8). A deadline of three weeks was given, a date incidentally with which not all institutions complied. Jewish patients from reporting hospitals were then collected and transferred to the collection centers. From these assembly centers patients were collected by T4’s Gekrat and transported to killing sites. Gekrat, one of several bureaucracies

involved in the carrying out of the euthanasia operation, was an acronym for “The Charitable Foundation for the Transport of Patients.” It served as a front for the T4 Office in Berlin and ran the notorious grey buses that brought patients to “special treatments” (their death).

The process began in Brandenburg and the city of Berlin. Here patients assembled in Berlin-Buch hospital and later transferred out in June/July 1940. Friedlander (3) provides one such example whereby a letter from T4 was found notifying Neuruppin state hospital that T4’s transportation team (Gekrat) would pick up the remaining 65 Jewish patients and “process” them. Patients were transferred from Neuruppin to Berlin-Buch on 18 July, 1940. Berlin-Buch hospital replied with a letter to Neuruppin updating the hospital that two transports on 20 July (41 males) and 22 July, 1940 (18 females) were “sent out” from Buch — presumably to their deaths in a psychiatry hospital killing center (most likely Brandenburg). In November 1940, the Berlin Central Welfare Office announced “that during a special operation (*Sonderaktion*) almost all Jewish patients from institutions in the Reich capital were transferred to the General Government during July 1940” (3).

Similarly, in northern Germany Jewish patients were collected from local hospitals and sent to the assembly point of Langenhorn hospital — and from Langenhorn transferred to their deaths. In Bavaria, Jewish mentally-ill were rounded up and sent to Egelfing-Haar hospital (191 patients) prior to being sent to their deaths. Subsequently, the Egelfing-Haar director, Dr. Herman Pfannmuller, proudly declared that his hospital now only accommodates Aryan patients. In the Prussian province of Hanover, Jewish mentally-ill patients were collected from 25 local hospitals and sent to Wunstorf hospital from where 158 Jewish patients were transferred on 27 September, 1940, to their deaths. In the Kassel district of Hessen-Nassau, Jewish patients were gathered in Giessen hospital on 25 September and transferred to their deaths on 1 October, 1940. In Rhineland, Jewish mentally-ill patients were “processed” in February 1941 and too sent to their deaths (3).

Jewish patients were treated very poorly in these intermediary assembly points. For example, in Wunstorf patients were accommodated “in the sim-

plest form” in straw huts without straw sack (13). In contrast to non-Jewish patients who received expert evaluation whether they were suitable for euthanasia, every institutionalized Jew was murdered. T4 set rules of how to respond to patients’ families and their caregivers inquiring as to their whereabouts. Thus institutions were instructed to respond that the “destination was unknown” (often the truth), to refer inquiries to Hanover office of Reich Association of Jews (which was also uninformed), or to refer them to T4’s organizational arm, Gekrat, in Berlin for information (which never responded).

A parallel process took place with the issue of a Reich Ministry of Justice ruling on 6 February, 1942, ordering transfer of Jewish prisoners with mental-illness to psychiatric hospitals functioning as assembly stations. This specialized group referred to Jewish prisoners who were either serving their sentence in a psychiatric institution or to Jewish prisoners who became mentally-ill while serving their sentence. While few met these criteria, the decree was highly significant since it included the Justice Ministry in the process. A similar decree was ordered at a later stage targeting non-Jewish prisoners; however, Jewish prisoners were affected earlier and more “comprehensively” without any criteria required besides being Jewish (14).

b) Euthanasia of the Jewish mentally-ill in Austria

In Austria, from 1940 Jewish patients in clinics and institutions became victims of euthanasia. In Vienna the Wagner von Jauregg-Hospital, also known as the Am Steinhof psychiatric hospital, acted as the principal assembly center for Jewish mentally-ill. Documents show that 400 Jews were sent from the Steinhof hospital to the Hartheim castle killing center under auspices of the T4 Project in 1940/41 (many documented on a list dated 1 August, 1940). The murder of Jewish children (between ages of 2–15 years) took place in the Am Spiegelgrund clinic on the grounds of Am Steinhof (15). Not all Jewish mentally-ill were sent straight away to Hartheim. Rather, those Jewish mentally-ill remaining at Steinhof not perishing from malnutrition or infectious diseases were later deported to Theresienstadt, Minsk or Maly Trostinec by the Central Office for Jewish Emigration in September/October 1942.

The well-known psychiatrist, author and

Auschwitz survivor, Dr. Viktor Frankl, until deported in 1942, was head of Rothschild hospital neurological ward and consultant to the Jewish old people's home in Vienna. It appears that he was able to assist in the rescue of Jewish patients from euthanasia by transferring them from the psychiatric university clinic to the Jewish Hospital (16). Nevertheless, almost all were later deported to concentration and death camps.

c) Euthanasia of the Jewish mentally-ill in Poland

Following the German invasion of Poland, euthanasia of mentally-ill rapidly began in earnest. The first euthanasia action transpired as early as 22 September, 1939, with the murder of patients, five employees and the deputy director of the Kocborowo psychiatric hospital in the Gdansk region (17). While the Polish mentally-ill subpopulation suffered to a great extent alongside their fellow Jewish patients, several factors indicated that the Jewish mentally-ill were singled out and underwent “special treatment” in several instances and were often the first to die. Thus, Klee states that “beginning December 1939 the first Jewish patients have been taken from the provincial psychiatric institution Meseritz by the SS and ‘evacuated’ ‘to the East’” (6). Eyewitness accounts at the time reported that Jewish patients were boarded into busses and trucks and murdered by exhaust fumes piped into the vehicles or by shooting (18).

On arrival at each psychiatric hospital, the Germans would characteristically wrest control of management from the Poles. All discharges were forbidden, and patients had to be categorized according to illness chronicity, work ability and racial origin (German, Polish or Jewish). Patient lists were sent to central authorities in Berlin prior to killing of patients by the SS (19). Thus while scores of Polish mentally-ill also died at the hands of the Nazis, many mentally-ill Jews were singled out and killed preferentially. One such example took place in the psychiatric hospital in Dziekanka near Gniezno where the Polish director of the hospital and expert member of a commission that selected patients for killing, Dr. Wiktor Ratka, singled out for his first group of patients for killing a list of 61 Jewish mentally-ill patients from his hospital on 7 December, 1939. Later groups were not limited to Jewish mentally-ill. The

Germans also conducted cruel experiments on patients. For example, it has been reported that on 8 December, 1939, German doctors, supervised by Prof. E. Grossmann, administered an experimental chemical agent to eight Jewish patients resulting in their immediate death (19).

Another notorious example of “preferential” treatment for the Jewish mentally-ill transpired in the Kobierzyn psychiatric hospital, near Cracow. There Jewish patients were limited to even far less than the already depleted daily patient food ration of 1,000 calories, leading to many deaths by starvation. On 9 and 11 September, 1941, 91 mentally-ill Jews were identified and transferred to Zofiówka, a Jewish hospital in Otwock near Warsaw, later meeting their premature deaths. Similarly, on 17 and 18 April 17, 1941, 81 Jewish patients were forcibly transferred out of the Tworki hospital in Warsaw. According to available hospital records, their intended destination was Zofiówka (the Jewish psychiatric hospital). However, the patients failed to arrive and most likely were murdered in the forest (19). In the psychiatric ward of Hospital No. III in the Lodz Ghetto, 50 Jewish patients at a time were killed by the SS (19).

The Zofiówka hospital, founded in 1908, was designated as the assembly point for all Jewish patients with the intention of separating Jews from non-Jews and exclusively treating Jewish patients. The Germans permitted Jewish health care professionals to treat Jewish patients and did not appoint German directors. The hospital was supervised by the “Society for the Care of Impoverished Jews with Nervous and Mental Disorders” with Dr. Stefan Miller as its director from 1938. At the outbreak of the war there were approximately 400 patients with the hospital understaffed due to many personnel fleeing the Nazi invasion. Since families had no means, all financial support for the hospital came from the Jewish community, leaving the hospital in dire financial straits. As a result, it is believed that out of a total of 406 Zofiówka patients, 210 died of hunger and cold between June 1 and November 16, 1941. The liquidation of the Zofiówka hospital by the SS took place on 19 August, 1942. Several patients escaped the night before after being warned, while others (including the hospital director, Stefan Miller) committed suicide (17). The SS shot and killed 108 people on the Zofiówka premises. Others were transported, along

with the other inhabitants of the Otwock Ghetto, to their deaths in Treblinka. The Zofiówka hospital was subsequently dedicated to the management of German war orphans (19). While a memorial to the memory of the non-Jewish mentally-ill killed by the Germans at Kobierzyn has been in place for several years, only recently (June 2007) was a similar memorial erected with the names of the 91 Jewish mentally-ill.

T4 and Gekrat's Specific Deception

Following the transfer of Jewish patients from their original institutions to principal assembly points, a major deception of the Nazis transpired. The T4 machine in Berlin began informing Jewish patients' families and/or their principal caregivers (welfare societies, Jewish organizations, insurance agencies) that their relative had been transferred to Chelm hospital in the Lublin area of Poland. However, no patients transferred by T4's Gekrat ever arrived in Chelm hospital and this institution served as subterfuge for T4 to extract money from those financially supporting these patients (6). The Reichsvereinigung der Juden (Reich Association of Jews in Germany) contributed 350,000 marks and the Hamburg community 40,000 marks for medical treatment — immense amounts at the time (4, 7). T4 obtained information from the hospitals as to who was supporting patients. They then contacted them requesting payment for their accommodation and care while falsely declaring that they were representing the institutions where the patients had been transferred. While this process appeared primitive, the deception succeeded for several months long after the patients were killed in German euthanasia killing centers. Eventually families and public agencies began receiving death notices (November 1940 — March 1941). These notices supposedly arrived from occupied Poland with a simple letterhead stating "Mental Asylum, Chelm, Post Office Lublin" (German letterhead with Polish institution). Variations of this letterhead appeared including "Chelm II" and "Cholm." T4 continued to receive payment for patient expenses from the time of patient transfer until dispatch of these death letters. The Chelm deception was created to fund T4 operations. While aspects of the plan were sophisticated — T4 even had an agree-

ment with the German post office to redirect all mail to Chelm hospital (PO BOX 822, Lublin) sent from Germany — signs of the deception existed including that payment was to be deposited into a Berlin bank account (3).

The entire Chelm venture was a fabrication. In Chelm the truth was very clear — on 12 January, 1940, the Germans killed all patients in the Chelm psychiatric hospital. The number killed included 450 mental patients — both Poles and Jews (128 women, 304 men and 18 children) — patients trapped on hospital premises and shot (including children found hiding in cupboards). The hospital then remained closed for the entire duration of the war with the hospital converted into SS army barracks. In 1942, the sidewalks around the hospital were paved with tombstones from Chelm's Jewish cemetery.

Further evidence for the killing of Jewish patients in the euthanasia program came from the meticulous diary maintained by the physician Dr. Imfried Eberl. He was the physician in charge of Brandenburg, later to become the founder and first Commandant of Treblinka based on his experience killing the mentally-ill (1). As the head of the Brandenburg hospital, his diary clearly states when transports of Jews in the euthanasia program arrived. This is noted in many entries with the identifying letter "J" signifying "Jewish transports of mentally-ill." These include transports with known dates corresponding with transports of Jewish mentally-ill from "collection centers" in 1940 and 1941. Eberl was well-liked by T4 directors since his meticulous record keeping included names and addresses used to extort money from patients' families and welfare organizations (3).

Dress Rehearsal for General Euthanasia Program and Holocaust

The euthanasia program in general and the killing of the Jewish mentally-ill in particular became a preparatory process that heralded the later genocidal atrocities targeting all Jews in the Holocaust (1). Several apparently minor details regarding the euthanasia of Jewish mentally-ill also point towards this connection. For example, the individual in charge of the "Charitable Patient Transport Association" (Gekrat) suggested in reference to Jewish mentally-ill patient transfer that "the patients have to be

marked and I may recommend for this purpose a sticking plaster with names written on it taped on the back between the shoulder blades” (13). This resonates with the later commonly used process of tattooing the forearms of Jews with numbers, as in Auschwitz. While much of the killing of the Jewish mentally-ill took place within context of the larger euthanasia program which did not target only Jews but in which many non-Jews died as well, evidence does exist that many non-mentally-ill Jews were also killed under the guise of T4 program, without consideration to the state of their health or the lack of illness. Following spring 1941, this included a process whereby the “euthanasia” program extended to concentration camps under the name “Special Treatment 14f13.” Here, on the orders of Heinrich Himmler, T4 experts were sent to concentration camps to select prisoners incapable of work, who were then murdered in the “euthanasia” institutions (Hartheim, Bernburg, Sonnenstein). Experts of the 14f13 Program based their decisions on political and racial, rather than “medical” criteria. Mainly Jewish inmates were included and died, without consideration to the state of their health (7).

Jewish Hospital at Bendorf-Sayn (Rhineland)

An island of temporary safety for the Jewish mentally-ill existed in the Jewish hospital at Sayn (now called Bendorf-Sayn) near Koblenz. In 1939 the hospital, named Jacoby hospital (Jacoby’sche Heil- und Pflegeanstalt) after its original founders in 1869, was bought from the Jacoby family by the Reich Association of Jews in Germany (Reichsvereinigung) (3). On 12 December, 1940, an order was issued instructing all Jewish patients to be sent to the hospital. However, it was an order that could not be executed since the hospital could not provide service for all Jewish mentally-ill of the area (8). Here at this hospital for the Jewish mentally-ill Jewish handicapped patients were not included in T4 program since they were “already isolated” from German Society. This safety net was short lived and the Reich Interior Ministry via the commissioner of the Reich for all psychiatric hospitals, Dr. Herbert Linden, officially declared the Jewish psychiatric hospital “closed” as of 11 October, 1942 (9). All Jewish patients would have to be sent to

the Berlin Jewish hospital. But following the deportation of all German and Austrian Jews from October 1941, Jewish patients from Bendorf-Sayn were transferred in cattle cars to death camps in Poland (via Lublin district). In this manner, Jewish staff, patients and non-mentally-ill shared a common fate. Following the transfer and death of all Jewish mentally-ill and their staff, Bendorf-Sayn received a new landlord — the Evangelical Monastery of St. Martin (9).

Why were Mainly Jewish Patients Targeted and Killed?

The question remains why were Jewish mentally-ill patients singled out as a group within the context of the atrocities of the more wide-reaching euthanasia program. Several possible explanations may be proposed including that the Jews in general were helpless. This together with the sentiment that Jews were the embodiment of all that is bad and evil boded particular disaster for the Jewish mentally-ill. With Jewish patients the Nazis did not have to consider the reaction of the population and could especially treat the Jewish mentally-ill as they saw fit. They could carry out their murder task and search for most suitable methods of transport, murder and disguising the process without restraint.

Who was Responsible for the Targeting of the Jewish Mentally-Ill?

No clear evidence exists as to who precisely decided to transfer and kill Jewish mentally-ill patients as a group. However, it has been suggested that it was most likely Karl Brandt and Phillip Bouhler (3). The decision to kill the Jewish mentally-ill predated the 1942 Wannsee Conference in Berlin where the Final Solution to exterminate all Jews in Europe was decided. The murder of German, Polish and Austrian Jewish mentally-ill rapidly became a footnote of history as the Nazi killing machine kicked into action with death camp genocide and its *immense* proportions.

Difference between Euthanasia of Jewish and Non-Jewish Patients

Several differences may be discerned between the euthanasia of Jews and that of non-Jews. First, Jewish mentally-ill were victims of discrimination even before T4 officially began. Second, the Jewish mentally-ill were killed regardless of work ability, hospitalization length or illness severity. In the process, they lost public assistance and were excluded from admission. Third, there was discrimination in the process leading up to killing (such as overcrowding, smaller food rations for the Jewish mentally-ill patients). Fourth, the Jewish mentally-ill were excluded from all effective treatments, but included in harmful “management” such as starvation and death. Some evidence even exists that Jewish patients served as guinea pigs for testing of annihilation measures for the euthanasia program. Fifth, families/welfare agencies were deceived to obtain money even after patients’ death. Sixth, the T4 managers were very fast (“efficient”) in distributing death notices to families of non-Jewish deceased; however they disregarded feelings of Jewish patients’ relatives. Finally, non-Jewish patients received expert evaluation as to their suitability for euthanasia; in contrast every Jew in a psychiatric institution was murdered by virtue of their “biological inferiority” (11, 14). Jewish mentally-ill patients were unique among Nazi victims in that they embodied both “*dangerous genes*,” in a medical sense, and “*racial poison*,” in a collective ethnic sense.

Why the Post-War Silence?

For many years after the war there was silence on the part of historians and researchers who failed to relate to the fate of the Jewish mentally-ill. In contrast to dissent against the killing of German mentally-ill such as from Bishop von Galen, there was no similar protest against the killing of Jewish mentally-ill patients, just as there was relatively little protest against the killing of the Jews in the Holocaust. Furthermore, the extermination of the Jewish mentally-ill became lost in the immensity and the scale of the Holocaust.

It may be suggested that German, Austrian and Polish post-war silence could be explained by the un-

stated and unspoken intention to declare that “it was not only the Jews who suffered” or that “in many ways we suffered as much as the Jews.” The Jewish silence may be explained by proposing that “everything pales in comparison to the scale of the annihilation of 6 million” (“only” 5,000 or so Jewish mentally-ill were murdered). Furthermore, while much funding exists for Holocaust education and research, the mentally-ill do not have a voice or “political” strength — thus an in-depth analysis and description of their plight during the Nazi era remains anything but partial. Very little is dedicated to their memory. Following an extensive search of medical databases, no manuscript focuses exclusively on the fate of the Jewish mentally-ill during the Nazi era. While in no way is the intention to diminish or undermine the intense and profound suffering of the entire population of mentally-ill during the Nazi era, there did exist various unique aspects of how the Jewish mentally-ill were dealt with which are not widely known. It is this oversight which this description serves to correct. Although many details of historical information presented in this review are not new, it brings attention and focus to the “doubly cursed” — Jewish and mentally-ill. The memory of these “doubly cursed” weakest of the weak — the Jewish mentally-ill — should be preserved.

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