

# EUTHANASIA

Pro-**euthanasia** movements were well-established at the fringes of medical discourse at the turn of the twentieth century (Bryant 2005, 20; Burleigh 1991, 321). Post-war German society proved receptive to Karl Binding and Alfred Hoche's *The Permission to Destroy Life Unworthy of Life* which presented forced euthanasia of disabled Germans as an act of mercy and solution to socioeconomic hardships (Burleigh 1991, 321-2). Although widely unpopular, a study from 1920 indicates that of the 162 parents of disabled children surveyed, 73% would support euthanasia of their disabled child, provided it was done clandestinely (Bryant 2005, 24). This sentiment is underscored by the deaths of over 70,000 mentally disabled patients denied sufficient food rations during World War I (Bryant 2005, 20; Seeman 2006, 6) and boasting of physicians who illegally sterilized their patients during the **Weimar Era** (Burleigh 1991, 461).

Six months following Adolf Hitler's ascension to Chancellor on 30 January 1933, the Law for the Prevention of Offspring with Hereditary Diseases was passed by the **Reichstag**. This law — based on a Weimar Era proposal (Zaro 2001, 1125) — legalized the forced sterilization of any individual registered as "**hereditarily ill**" pending approval from a review board (Bryant 2005, 26; Friedlander 1997, 90; Zaro 2001, 1126). Between 1933 to 1945, approximately 375,000 Germans were sterilized under this law (Burleigh 1991, 461). Unbeknownst to healthcare professionals and the German public, the registry created by their denunciations of the disabled would be repurposed for euthanasia (Bryant 2005, 27,33; Friedlander 1997).

Hitler's chancellery received many pleas for permission to euthanize disabled family members (Bryant 2005, 30). In the spring of 1933, a request from the parents of Gerhard Kretschmar — a deaf, blind, and physically disabled infant — was approved and Gerhard was euthanized on 25 July 1933 (Schmidt 1999, 547-8). In the following weeks, carefully selected **NSDAP** officers, physicians, and professors secretly formed fictitious charities through which they would operate child and adult euthanasia organizations modelled after the sterilization program (Bryant 2005, 30-9; Friedlander 1997, 93).

The death of "Child K" is often considered the beginning of the program of centralized, systematic forced euthanasia referred to as *Aktion T4* (Schmidt 1999, 544). Through legally-enforced patient registration and questionnaires, *Aktion T4* personnel rapidly assessed Germany's disabled citizens without ever meeting the patients (Bryant 2005, 40). Assigning each patient's single-page registration form a (+) or a (-) determined the patient's life or death (Bryant 2005, 34). Patients assigned a (+) were transported to dedicated **children's wards** for lethal injection or to one of six designated **killing centres** for adult patients equipped with gas chambers disguised as shower rooms (Burleigh 1991, 454-5; Friedlander 1997, 93).

*Aktion T4*'s secrecy did not prevent the realization that the gray buses never returned the patients they carted away (Bryant 2005, 42; Burleigh 1990, 12-3; Burleigh 1991, 456). Extensive propaganda efforts — including pro-euthanasia films released as early as 1935 — proved ineffective in stifling public concern (Burleigh 1991, 462-70). Following inflammatory condemnation by Bishop Clemens von Galen on 3 August 1941, *Aktion T4* was officially ended with a death toll that well-exceeded its 70,000-person objective (Bryant 2005, 48-9; Burleigh 1990, 13).

As evinced by the timeline at the bottom of this poster, the end of *Aktion T4* became the beginning of **wild euthanasia** within care facilities (Bryant 2005, 50; Burleigh 1991, 457). Four months earlier, *Aktion 14f13* was initiated, which utilized *T4* personnel, technology, and funding to euthanize disabled concentration camp prisoners using "decommissioned" *T4* killing centers (Bryant 2005, 50-1, 55; Zaro 2001, 1129). **Extermination camps** Belzec, Sobibór, and Treblinka were built in Eastern Europe with shower-room gas chambers — funded and operated by *T4* personnel — to enact the **Final Solution** (Bryant 2005, 56-60; Burleigh 1991, 458).

"Hereditarily ill" was expanded to unite character defects with ethnicity (Bryant 2005, 50). "Asocial" behaviour including prostitution, vagrancy, communist inclinations, and poor temperament became symptomatic of incurable disability (Bryant 2005, 50; Burleigh 1990, 15; Burleigh 1991, 464). **Ostarbeiter** and Jews unable to work due to physical illness were sent to hospitals for euthanasia as were children born to the women (Bryant 2005, 53; Burleigh 1991, 458 Mitchell 1999, 260; Seeman 2006, 8). Shellshocked, syphilitic, and alcoholic soldiers and German citizens traumatized by the Allied bombings became candidates for euthanasia (Bryant 2005, 52; Burleigh 1991, 458).

Scholars illustrate that *Aktion T4* was not an isolated event, but rather the exploratory beginning of the Final Solution. The use of **Einsatzgruppen** to eliminate disabled Poles through mass shootings, hunting expeditions, and coordinated bombings led to gas experiments for efficiency (Burleigh 1991, 323; Burleigh 1991, 457; Friedlander 1997, 89; LaMonica 1997, 193). The rapidly expanding definition of "hereditarily ill" provided additional justification for ethnic cleansing. A path can be traced from the beginning of the euthanasia movement to the Final Solution by examining the movement's development, funding, and technology (Bryant 2005; Friedlander 1997, 92). Up to 300,000 people lost their lives through the Nazi euthanasia program (Noack and Fangerau 2007, 117), yet its direct involvement in the genocidal climax of the **Third Reich** implicates *T4* personnel in the deaths of the additional six million people the NSDAP regime would claim.

# NAZI PROPAGANDA

Propaganda emerged from the Great War as the ultimate weapon of manipulation against the weak-willed masses and the NSDAP was determined to utilize it to its fullest extent by enflaming and mobilizing pre-existing public sentiments through simple, emotinal, and relentless bombardment (Childers 2017, 89; Herf 2008, 20; Reeves 1993; Sennett 2014; Welch 2002, 213-4).

Trained as a propagandist by the German military, Hitler immediately introduced his skills as an orator to the NSDAP, rapidly growing its membership and training other party members (Childers 2017, 28; Seeman 1964). During their rise to power, the NSDAP --- as guided by Reich Minister of Propaganda, Joseph Goebbels --- bombarded the public with newspapers, posters, leaflets, speeches, films, parades, phonographs, direct mailings, and entertainment events (Childers 2017, 112; Herf 2008, 20).

Exposed to the ***Aufklärungsfilm*** of the interwar period, the German population was familiar with the use of film to promote sexual health and social hygiene (Kilien 2015, 108). Building from this legacy and Germany's well-developed film industry, the NSDAP utilized documentary and feature films to propagate their ideal Germany (LaMonica 1997, 187). By the 1930s, this included the promotion of the sterilization — and eventually euthanasia — of the "hereditarily ill" (Burleigh 1990, 14; Burleigh 1991, 462; Mitchell 1999, 257).

By the end of *Aktion T4* in August 1941, the NSDAP had produced several pro-euthanasia films that ranged from melodramas viewed by millions of German citizens to newsreel-style films documenting the gassing of patients intended solely for a small portion of *T4* personnel (Burleigh 1991, 326-7; Burleigh 1990, 14-5; LaMonica 1997, 188-92).

An in-depth analysis of two surviving films can illuminate the specific ways in which the NSDAP attempted to sway the public and harden the resolve of those already initiated.

# EMPTY BEDS

## REPRESENTATIONS OF EUTHANASIA IN NAZI PROPAGANDA FILMS

### DASEIN OHNE LEBEN EXISTENCE WITHOUT LIFE | (1940)



Still image from *Dasein ohne Leben* footage. Courtesy of The German Federal Archives (USHMM c.1941, 00:05:27).

In 1939, Herman Schweniger — a transport driver for *Aktion T4* with film industry experience — was enlisted by Victor Brack to shoot documentary and newsreel-style footage that could be utilized in future propaganda films for the euthanasia program (Burleigh 1990, 14). Schweniger travelled to several institutions and filmed 8000 meters (just under five hours) of footage including the euthanasia of a patient through the peephole of a gas chamber door (Burleigh 1990, 15; Mack 1991). Many of the segments — excluding the euthanasia footage — were compiled to produce the narrativized documentary *Dasein ohne Leben* (Burleigh 1990, 15).

Original copies of *Dasein ohne Leben* are presumed to be lost, yet in the 1990s eight of the original 23 reels were recovered in an East German Archive (LaMonica 1997, 195). These, combined with the surviving scripts, facilitated a recreation of the dramatized portion of the film, which Michael Burleigh describes as "a professional disquisition on the history of psychiatry and the achievements of modern therapy [...] which dealt with the limits of therapy" (1990, 15; Mack 1991). Unlike entertainment films, *Dasein ohne Leben* was only intended for viewing by hardened NSDAP members and *Aktion T4* personnel to reinforce the value of the euthanasia program (Burleigh 1990, 15; Mitchell 1999, 257).

*Dasein ohne Leben* utilized Schweniger's footage as visual evidence to support key ideas within the euthanasia movement. Shots of patients cramped into small spaces, stretches of bedridden children and adults, and rows of patients walking past the camera present an endless supply of mouths to feed. Despite many institutions becoming self-sufficient to some degree through labour initiatives, the economic strain on the already fragile German economy was an argument at the forefront of the pro-euthanasia movement (Bryant 2005, 23).

The economic impact of care facilities existed as part of a greater "haves" and "have nots" argument that suggested — at the expense of the taxpayer — patients were afforded a lavish standard of living compared to the average German citizen (Burleigh 1991, 462). Scenes of listless patients sprawling in sunny yards of well-kept institutions evoked bitterness in viewers who were taught that the patients were incapable of appreciating and interacting with their surroundings (Burleigh 1990, 14). The nurses working in these facilities are presented on film — and in literature — as young women squandering their lives next to their incurable and hopeless patients (Burleigh 1990, 323-4; Burleigh 1991, 323).

While most of the nurses and physicians within the film are shown only from their neck down, the same respect for privacy is denied to the patients whose disabilities are the focal point of most shots. The bulk of the recovered footage consists of static shots recording the (presumably) candid interactions of patients with an emphasis on abnormal or aggressive behaviours and close-up shots of physical disabilities. Patients' faces are dramatically lit to produce deep, ominous shadows and instructed to look in profile and upward as if posing for mug shots. Scenes such as these connect the longstanding assumption that character, heredity, and physical appearance are uniquely linked and thereby physical traits can be utilized to diagnose a person's moral constitution (Burleigh 1991, 462; LaMonica 1997, 192).

In addition to showcasing people's physical disabilities, the surviving reels of *Dasein ohne Leben* exhibit processes required to treat and care for the patients including unspecified injections with large needles, nasogastric intubation, and electroconvulsive therapy. Although the cleanliness and efficiency of the medical team are emphasized by scenes of handwashing and methodical preparation of instruments, these processes appear painful and impersonal while they are administered by staff predominantly featured from the neck down. Against a soundtrack of moaning from bedridden patients, the film insists that forced euthanasia is the more humane approach to "incurable" patients.

### ICH KLAGE AN I ACCUSE | (1941)



Still image from *Ich klage an*. Image used under Fair Dealings of The Copyright Act of Canada (Liebeneiner 1941, 01:12:50).

Half tragic romance and half courtroom drama, *Ich klage an* tells the story of charming middle class housewife, Hannah Heyt, who develops multiple sclerosis and pursues euthanasia. Professor Thomas Heyt — an esteemed scientist and Hannah's devoted husband — relentlessly pursues a cure, yet his efforts are futile and Hannah rapidly slips away. As her condition worsens, Thomas gives Hannah an overdose of her medication and she peacefully dies in his arms. The remainder of the film is a pedagogical courtroom drama culminating in Thomas' accusations — directed toward both jury and audience — that failure to euthanize prolongs needless suffering.

The film's heavy-handedness is in no way coincidental: *Aktion T4* personnel were involved in every facet of the film. Commissioned by Propaganda Minister Joseph Goebbels, *Ich klage an* was designed for widespread viewing to sway public opinion. Its script was adapted by *T4* personnel from *Mission and Conscience* (1936), a pro-euthanasia novel written by *Aktion T4* organizer Hellmuth Unger (Bryant 2005, 31; Burleigh 1991, 469; Mack 1991). During filming, Philipp Bouhler — head of the euthanasia programs alongside Karl Brandt — was frequently on set to help guide production (Bryant 2005, 37; Burleigh 1991, 470). Key organizer of the child euthanasia program, Viktor Brack, exercised his authority during post-production to influence the inclusion or exclusion of particular scenes (Bryant 2005, 31; Burleigh 1991, 470; Mack 1991). When finally released, over eighteen million people — domestic and international — were exposed to *Aktion T4*'s carefully cultivated portrayal of euthanasia (Burleigh 1991, 327; LaMonica 1997, 195).

Following WWI, an emphasis on medical science and a shift toward "biological collectivism" — the view of society as an organism — worked its way into public discourse (Burleigh 1991, 320-2; Burleigh 1991, 459). The prominence of psychiatry increased and psychiatric institutions began to fill with patients believed to be beyond the reach of science to cure (Burleigh 1991, 459-60). Building from this, scientist Thomas Heyt and physician Bernhard Lang are utilized to bolster confidence in Germany's medical sciences. Between Heyt's selfless devotion to finding Hannah's cure and Lang's dedication to protecting Hannah's agency and well-being, the audience witnesses a healthcare system worked to exhaustion in its attempt to cure the incurable. The conclusion is bleak, yet the audience is reassured that every possible option was explored and only then was Hannah's explicit request for euthanasia reluctantly met.

Hannah Heyt embodies the feminine Aryan ideal in both life and death. She is a vibrant optimist and friend to everyone she encounters. Hannah proves herself an accomplished host and entertainer flourishing in the domestic sphere. Despite Hannah's middle-class respectability, a checkered past is alluded to, subtly linking Hannah's illness to a decline in character, reinforcing the dubious connection between hereditary illness and moral constitution integral to Third Reich eugenics (Bryant 2005, 52; Gardner 1982).

As Hannah's illness progresses, her change in character and loss of autonomy depersonalizes her, and begins to transform her into "a lump of flesh" (*Ich klage an* 1941). For audiences, this transformation connects terminally ill patients seeking euthanasia to institutionalized victims of *T4*. Hannah Heyt exists to fill the liminal space between the two groups and, in doing so, her character consents to euthanasia for herself as well as all those who cannot communicate.

Hannah's life and death centre on love and compassion; she met her end firmly planned as the object of adoration from a wide circle of friends and family. Thomas' acquiescence to her request and Bernhard's initial refusal were borne from love and devotion to Hannah. Hannah's request — ironically tied to her fear of losing autonomy — was rooted in fear that she would become a burden to her husband. As Hannah dies peacefully at home in Thomas' arms, *Ich klage an* presents the audience with a near pornographic distortion of the euthanasia program that left its victims in strewn naked on the floor, robbed of their gold teeth, and cremated indiscriminately (Bryant 2005, 45).

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# KEY TERMS

<b>Aufklärungsfilm</b>	Enlightenment Film. Films used to educate the public and promote social hygiene. They addressed issues such as abortion, prostitution, homosexuality, and venereal disease (Kilien 2015).
<b>Brackian Device</b>	Vans repurposed as mobile gas chambers. Nicknamed after <i>T4</i> organizer Viktor Brack in <i>Aktion 14f13</i> correspondence (Bryant 2005).
<b>Children's Ward</b>	Special wards established within hospitals to facilitate euthanasia of children (Bryant 2005).
<b>Disabled</b>	In the context of this project, "disabled" becomes a nebulous term to encompass the wide range of perceived disabilities as reflected in the conveniently vague definition of the Third Reich.
<b>Einsatzgruppen</b>	Deployment groups. Paramilitary SS task squads responsible for mass killings in German-occupied Europe.
<b>Euthanasia</b>	The painless killing of an incurable patient to alleviate needless suffering.
<b>Extermination Camp</b>	Camps designed explicitly for extermination of mass transports of (primarily Jewish) prisoners unlike concentration camps that eliminated prisoners through starvation and forced labour.
<b>Final Solution</b>	The Final Solution to the Jewish Question was the plan for systematic extermination of Jewish people.
<b>Hereditarily ill</b>	Anyone with an illness considered to be hereditary including "congenital feeble-mindedness", schizophrenia, manic-depressive psychosis, epilepsy, Huntington's chorea, blindness, deafness, physical deformity, and severe alcoholism (Childers 2017).
<b>Killing Centre</b>	Institutions developed to exterminate large groups of disabled people using carbon monoxide gas (Bryant 2005).
<b>NSDAP</b>	Nazi Party ( <i>Nationalsozialistische Deutsche Arbeiterpartei</i> ; National Socialist German Workers' Party).
<b>Ostarbeiter</b>	Eastern Worker. Eastern Europeans from NSDAP-occupied regions — particularly Ukrainians, Belarusians, and Poles — utilized for slave labour, fed starvation diets, and housed in guarded labour camps.
<b>Reichstag</b>	The democratically elected (until 1933) German parliament established in 1919 and disbanded in 1945.
<b>Surrendering Institution</b>	Ordinary hospitals and care facilities from which <i>Aktion T4</i> patients would be selected for transport (Bryant 2005).
<b>Third Reich</b>	The German state under control of Adolf Hitler and the NSDAP which spanned from 1933 to 1945.
<b>Weimar Era</b>	The democratic German Republic governed by the Weimar Constitution from 1918 to 1933.
<b>Wild Euthanasia</b>	Euthanasia in ordinary healthcare facilities through lethal injection, medication overdose, and starvation following the closure or decommission of <i>T4</i> killing centres (Bryant 2005).

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