

THE QUEST FOR RACIAL PURITY:
Germans with Mental and Physical Disabilities,
African Germans, and Roma



FROM THE MOMENT THAT HITLER TOOK POWER IN GERMANY, HE BEGAN IMPLEMENTING his vision for a new Germany—one that elevated “Aryan” Germans to the top of the Nazis’ racial hierarchy and that ranked all other groups along a spectrum of relative inferiority. Nazi leaders wasted no time conceiving and adopting measures that would safeguard the “Aryan” German race, thereby ensuring that future generations would be—in their eyes—racially pure, genetically healthy, and socially productive and loyal to the state. This goal meant, above all, stigmatizing, discriminating against, and ultimately killing those whom the Nazis identified as being biologically and racially flawed. In such a context, especially Jews (see chapter 5), but also Roma (Gypsies), people with mental and physical disabilities, and African Germans, faced direct and immediate danger at the hands of the Nazis.

In time, the Nazi decision to go to war would advance those long-term goals in previously unimaginable ways. Territorial acquisition went hand in hand with population engineering as the Nazis sought to increase the number of “Aryan” Germans while simultaneously thinning the ranks of those they considered inferior by virtue of race or biology. The state of national emergency created by the war would eventually provide the pretext and cover for increasingly radical steps.

Nazi racial persecution was unique, for there was no escape—not even for those who were German by birth—from the harsh verdict of inferiority. For those who were targeted, national loyalty or communal solidarity were of no consequence: only “Aryans” who met the racial and biological standards of the Nazis could claim membership in the National Community (*Volksgemeinschaft*).

PEOPLE WITH MENTAL AND PHYSICAL DISABILITIES

The assault on mentally and physically disabled people was a central component of the Nazi quest to purify the “Aryan” race. As Hitler described it, Germany was facing “death of the race” (*Volkstod*) caused by the unchecked increase in hereditary illnesses and disabilities among the population. He presented the German people as a formerly healthy, vital race that was gradually being weakened by the ill and infirm among the populace. In the Nazi mindset, those elements within Germany’s racial makeup threatened the nation’s health both physically by contaminating the gene pool and economically by adding to the country’s financial burdens. Using the individual human body as a metaphor for Germany, the Nazis argued that drastic measures were needed to restore the nation’s racial purity, strengthen its health, and increase its productivity.

As in other arenas, the Nazis built upon strains of accepted scientific, medical, and sociological thinking, as well as contemporary prejudice, fear, and beliefs, to carry their

ideology into practice. The persecution of people with disabilities had its roots in eugenics, a sociobiological theory that gained currency in the United States and Europe in the late nineteenth and early twentieth centuries. Eugenicians believed that the human race could be improved by controlled breeding and, conversely, that it could be harmed if those who were considered hereditarily impaired were permitted to reproduce. Some eugenicians feared that the genetic contamination of the human race would prevent its advancement in a host of areas, ultimately leading to the increasing degeneration of human civilization. After World War I, such ideas had been reinforced by many social planners, health care professionals, and public welfare administrators who believed that people with disabilities placed an intolerable social and economic burden on a post–World War I society in crisis.

Just as the Nazis pressured the healthy to have many children (and terrorized homosexual men in an effort to force them to father “Aryan” babies), they blamed people with disabilities for contaminating the population by having too many offspring. This two-pronged view of the racial crisis in Germany was clearly articulated in the commentary to the first law, in 1933, which affected the mentally and physically ill: “Whereas the hereditarily healthy families have for the most part adopted a policy of having only one or two children, countless numbers of inferiors and those suffering from hereditary conditions are reproducing unrestrainedly while their sick and asocial offspring burden the community.”

In 1934, this 19-year-old shop clerk, (right) identified only as “Gerda D,” was diagnosed as schizophrenic and sterilized at the Moabite Hospital. In 1939, she was repeatedly refused a marriage certificate because of her sterilization. BERLIN, 1933–45. WITH PERMISSION OF THE VIVANTES NETZWERK FUER GESUNDHEIT

With this justification in place and backed by scientists who legitimized their ideas, the Nazis enacted on July 14, 1933, the Law for the Prevention of Genetically Diseased Offspring. The law categorically stated that people with certain congenital (present at birth)

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conditions were by definition “hereditarily diseased” and must be sterilized, although no scientific data proved that all of those ailments were inherited or transmitted across generations. The list of conditions included mental illness (schizophrenia and manic depression), retardation (“congenital feeble-mindedness”), severe physical deformity, epilepsy, blindness, deafness, chronic alcoholism, and Huntington’s chorea (a fatal condition that causes loss of brain function and bodily control).

The specific language of the law was unequivocal: “Anyone who is hereditarily diseased can be made infertile through surgical interventions (sterilization) if, after scientific medical evaluations, it is to be expected that the offspring will suffer severe congenital bodily or mental damage.” Thus, the Nazis removed from the hands of certain individuals the most basic instinct and right of human beings—to decide whether and when to have children—and placed it firmly within the scope of state authority.

Nazi Germany was not the first or only country to sterilize people while using alleged hereditary traits as a justification. Between 1907 and 1930, as a result of laws passed in a number of individual states in the United States, more than 15,000 people were sterilized on eugenic grounds. In many cases, those operations were performed on prisoners or clients residing in mental institutions, people who neither knew nor gave their consent. Sterilization was also approved as an appropriate punishment in criminal cases after a U.S. Supreme Court decision upheld the practice in 1927. Moreover, sterilization gained support beyond eugenics circles as a means of reducing costs for institutional care and welfare for the poor.

With the onset of the Depression in 1929, sterilization rates climbed in some U.S. states. By 1939, more than 30,000 people had been sterilized in the United States, most of them in public mental hospitals or homes for “feeble-minded” persons where the institution’s superintendent supported the measure. Abroad, legislatures in Finland, Norway, and Sweden passed new laws permitting sterilization during the interwar years. In Great Britain, Catholic opposition blocked a proposed law.

In Germany, the massive scale of the Nazis’ sterilization program far surpassed that of any other country, even as elsewhere the eugenics theories began to lose scientific support and as use of the practice peaked and began to decline. Beginning in January 1934, after the Nazis cut off scientific and social debate on the topic, German doctors carried out the compulsory sterilization of 300,000 to 400,000 people. In most cases, doctors gave “feeble-mindedness”—a condition that was vague enough to include a host of mental illnesses and disabilities—as the justification for the procedure. That so many received such a generalized, unscientific diagnosis reflects the underlying fear, ignorance, and prejudice that drove this aspect of Nazi policy.

Schizophrenia and epilepsy were also commonly cited as reasons for sterilization. In 1935, the Nazis amended the law to allow for abortions in cases where the mother or father was determined to be the carrier of hereditary disease. Whereas Nazi authorities strictly prohibited abortions for healthy “Aryan” German women, they permitted and often required pregnancy terminations for those whose medical history raised concerns that a child would be born with a congenital illness or disability.

By the mid-1930s, Nazi policy grew to include within the concept of “feeble-mindedness” a wide variety of behaviors that were looked down on as social ills. No longer using even the pretext of a physiological disorder, German doctors diagnosed a condition they called “moral feeble-mindedness” by examining the patient’s lifestyle. They assessed men and women regarding their behavior in the workplace or in public spaces. Furthermore, they judged women by their sexuality, and their real and perceived habits and practices regarding housework and child-rearing. Those Germans who failed to conform to the Nazi ideal of health and productivity—which reflected the social prejudices and mores of middle-class, suburban, and small-town German society—risked being “treated” for this subjective condition. Sixty percent of those sterilized for “moral feeble-mindedness” were women.

Many of the people targeted by the 1933 law and its amendments were patients in mental hospitals and other institutions, either public or church run if they were poor, or private clinics if they were affluent. Still others lived at home, and their family doctors, social workers, and schoolteachers or directors identified them. Most were “Aryan” Germans. Doctors sterilized men by vasectomy and women through tubal ligation. In a small number of cases, physicians used X rays or radium to render their patients infertile. Of the several thousand people who died as a consequence of sterilization, women were disproportionately high among the victims because of the risks of tubal ligation surgery.

The law permitted forced sterilization under certain specific conditions, but its implementation was often arbitrary. German authorities established more than 200 so-called hereditary health courts—each with two physicians and one district judge—across Germany and later in territories annexed directly to the country. As in other areas of the German judiciary under Nazi rule, the courts provided only a pretext of due process; in fact, they tended to render routine judgments, usually without examining the patient. Most of the medical and legal community was implicated in those acts: nearly all well-known geneticists, psychiatrists, and anthropologists remaining in Germany sat on such courts at one time or another. In addition, ordinary physicians and family doctors became involved because they were required to register every known case of hereditary disease. Although courts of appeal existed, they seldom reversed decisions: occasionally, appeals courts

granted exemptions to people who were deemed mentally ill but who made their livings in the creative arts and other intellectual pursuits.

The sterilization law was followed by the Marriage Law of 1935, which required that applicants for a marriage license provide ancestry and medical documentation to ensure that neither of the partners had a congenital disease or disability and that no disabled offspring would result from the union. Only those who could secure a “marriage fitness certificate” were permitted to wed. The sterilization and marriage laws worked in tandem to restrict the rights of people with mental and physical disabilities. For example, in 1934, a 19-year-old shop clerk, identified only as “Gerda D,” was diagnosed as schizophrenic and sterilized at the Moabite Hospital in Berlin. Five years later, in 1939, German health authorities repeatedly refused to grant her a marriage certificate because her sterilization offered supposed proof that she had a hereditary disease.

Sterilization was not widely opposed in Germany, and only the Roman Catholic Church consistently criticized it. Most German Protestant churches, in contrast, accepted and often cooperated with the policy, allowing the nurses, doctors, and caregivers in their facilities to notify authorities of cases to which the law might apply. In particular, some Lutheran leaders greeted the sterilization law with enthusiasm, seeing in it the hope for improving the morals and ethical standards of future generations.

Not much time passed before Nazi efforts to prevent future hereditary disease escalated to attempts to eliminate it from German society altogether. In support of radicalizing their policy, Nazi leaders could cite a theoretical work titled “The Permission to Destroy Life Unworthy of Life,” which was written by two German professors and published in 1920. Authors Alfred Hoche and Karl Binding argued for the validity of “euthanasia,” literally “mercy death,” for those who suffered from such extreme psychiatric problems or brain injury that they could be considered mentally dead. For such patients, they contended, it was both medically ethical and morally compassionate to free them from a reductive and limited existence. At the same time, they offered a binary view of the healthy versus the sick, suggesting that the existence of one was inextricably linked to the other:

If one thinks of a battlefield [in World War I] covered with thousands of dead youth and contrasts this with our institutions for the feebleminded with their solicitude for their living patients—then one would be deeply shocked by the glaring disjunction between the sacrifice of the most valuable possession of humanity on one side and on the other the greatest care of beings who are not only worthless but even manifest negative value.

The Nazis adapted the concept of “euthanasia” as put forward by Hoche and Binding and then carried it to the furthest extreme. In keeping with their absolute commitment to the National Community and their disregard of individuals’ rights if those rights conflicted with the collective’s rights, the Nazis pitted the well-being of the state against that of the victim. Quite simply, they saw “euthanasia” as a means of improving German society as a whole—biologically by eliminating hereditary disease and economically by freeing the nation of caring for those who were not “productive.” At the same time, the Nazis were well aware that a policy of killing those with disabilities—a policy justified on such shaky ethical ground—would not find sufficient consensus among the German people. Relying on the traditional definition of euthanasia—the inducement with the permission and, if possible, the participation of the patient in a painless death for the terminally ill—the Nazis framed their actions as acts of mercy and compassion. Despite the fact that the interests of the mentally and physically ill were never of concern to the Nazis, the prevailing understanding of “mercy death” served their purposes by alleviating doubt and guilt in the minds of the German public.

The Nazis used propaganda to build public support for their policies. Popular films were especially effective in this regard. The most infamous, *I Accuse (Ich Klage an)*, which appeared in 1941, depicts a woman suffering from multiple sclerosis who begs her husband, a medical doctor, to end her life by poisoning her. He does and is then tried for murder. Throughout the film, the central act—ending the life of a terminally ill and suffering person—is portrayed as a noble sacrifice and a quasi-humanitarian act.

At the same time, the Nazis worked to instill in the public mind the idea that the nation should not bear responsibility for people who were not productive. They stigmatized the mentally and physically ill, introducing terms such as “useless eaters” and “life unworthy of life.” School mathematics books posed questions such as, “The construction of a lunatic asylum costs 6 million marks. How many houses at 15,000 marks each could have been built for that amount?”

In reality, the Nazi propaganda campaign was contradictory: on the one hand mercy killing was a painful personal sacrifice undertaken in the interest of the patient; while on the other hand it was a necessary act to safeguard the economic health of the nation and biological well-being of the “Aryan” race. The Nazis sought to exploit both impulses, cultivating the human desire to protect itself at any cost to justify the killings, and alleviating potential guilt by allowing the public to see the act as a merciful one.

Those efforts notwithstanding, Nazi leaders understood that public acceptance of such killings would require the heightened consciousness of national emergency that only a war could evoke and, even then, an elaborate secrecy to conceal from and mislead

a distracted population from what the regime actually intended to do. As early as 1935, Hitler had declared, when asked on one occasion, that “in the event of war, [he] would take up the question of euthanasia and enforce it” because “such a problem would be more easily solved” during wartime. Hitler expected that the upheaval of international conflict and the diminished value of human life in time of war would temper, if not mute, any opposition to “euthanasia” policy. Nevertheless, outright killings of this kind violated existing German laws against murder and assisted suicide. It also raised concerns among those in the medical profession who were essential to the entire operation.

To circumvent the legal implications and to ensure the personal protection of those who would instigate and carry out the murders, Hitler signed a secret authorization order in October 1939. Despite its secret nature, this authorization, written as it was for the future, had to convey the impression that this killing was not only compassionate for the patient but also essential for the nation, which, now that it was at war, had to conserve resources and protect its economy. Hence, the order was backdated to September 1, 1939, the day Germany invaded Poland and unleashed World War II. Indeed, many Germans who might have opposed such “mercy deaths” in peacetime came to support them, or at least to acquiesce in the need for them as a wartime measure.

In the spring and summer of 1939, with Hitler’s operational order for the invasion of Poland already in place, key Nazi officials, along with numerous German medical, legal, and health care authorities, developed detailed plans for the systematic murder of people who had mental and physical disabilities and were living in institutions. As a first priority, the conspirators ironed out the details for murdering German newborns and children. In August 1939, they established the Reich Committee for the Scientific Registration of Serious Hereditary and Congenital Diseases, often called simply the Reich Committee. Under the pretext of studying hereditary disease, the Reich Committee was designed to identify and locate children deemed by medical professionals to be unworthy of life. On August 18, the Reich Ministry of the Interior ordered midwives and physicians to fill out detailed questionnaires regarding the medical condition of all children who were up to three years of age, who resided in institutions, and who appeared to have serious congenital illnesses. Within a year, officials expanded the scope of the information they required to include details of the patient’s family history and other information that could be used to determine whether the child would be a long-term burden on the state.

The murder of the institutionalized children began in October 1939 after Hitler signed the previously mentioned authorization. Despite the added leeway offered by the wartime atmosphere, doctors and other health care officials, finding the strictest secrecy necessary, concocted seemingly plausible stories to deceive the children’s families. For the children

marked for death, they fabricated illnesses that required “treatment” and warned parents that their children might need risky but important medical procedures. They created—at least on paper—“Reich Committee Institutions” as a front for “euthanasia” killings, presenting them as special hospitals for the care and treatment of the very ill and notifying parents that their children had been transferred there for therapy. In fact, no such facilities existed; children who were slated to be murdered were sent to special wards in regular pediatric hospitals. To further support the charade, children usually remained for several weeks in their new surroundings, allegedly undergoing treatment. In this way, health care professionals, and state and local authorities laid the psychological groundwork for parents to accept news of the death of their children.

In the hospital, doctors usually administered barbiturates by mouth over several days until the child fell into a deep sleep and died, or doctors injected the drug directly, causing pneumonia and then death. In some cases, they simply allowed the child to die of starvation. Over the years of the program (which continued in various forms throughout World War II), authorities incrementally broadened the scope of those who were to be killed. Older children, those with relatively minor health problems, and eventually youngsters deemed delinquents were simply put to death. From 1939 to 1945, between 5,000 and 8,000 infants, children, and adolescents were murdered in some 30 children’s wards established at state hospitals and clinics throughout Germany.

In summer 1939, concurrent with the concluding stages of planning for the so-called child euthanasia operation, Hitler authorized Führer Chancellery chief Philip Bouhler to develop concrete procedures for the murder of institutionalized adults with disabilities, an operation with the code name T-4 in reference to the street address—Tiergartenstrasse 4—of its coordinating office in Berlin. Physicians were integral to the success of the program: a significant number of them had advocated the killing solution camouflaged as “mercy killing.” Now physicians and other health care professionals organized and carried out nearly all aspects of the T-4 program. They targeted adult patients in private and state mental institutions, and later in government or church-run sanatoria, psychiatric clinics, nursing and old-age homes, and public residence facilities for those with disabilities. Following the pattern of the child-killing operation, authorities ordered doctors and administrators to fill in questionnaires regarding a patient’s health and capacity for work. The forms were designed to mislead the doctors who were providing the information; the abbreviated format and questions asked made respondents think the data would be used in a statistical survey.

The completed forms were, in turn, sent to three medical doctors who were expected to use them to assess the patient. No ambiguity existed about the purpose of the review.

Doctors marked each name with a red “+,” meaning death, a blue “-,” meaning life, or “?” for cases needing additional assessment. Those medical experts rarely examined any of the patients and typically made their decisions on the basis of the questionnaires alone. Medical authorities involved in those decisions over life and death were neither encouraged nor expected to agonize over decisions; they received huge numbers of cases to process, and short-term deadlines clearly implied that when in doubt, they should recommend the “mercy death.” In this context, individuals who were determined to be “unproductive” were particularly vulnerable.

HELENE MELANIE LABEL (right) was born on September 15, 1911, in Vienna, Austria, to a Jewish father and a Catholic mother. The elder of two daughters, Helene was raised as a Catholic in Vienna. Known affectionately as Helly, Helene loved to swim and go to the opera. After finishing her secondary education, she entered law school.

At age 19, Helene first showed signs of mental illness. Her condition worsened during 1934, and by 1935 she had to give up her law studies and her job as a legal secretary. After suffering a major breakdown, she was diagnosed as schizophrenic and placed in Vienna’s Steinhof Psychiatric Hospital. Two years later, in March 1938, the Germans annexed Austria to Germany.

Helene was confined in Steinhof and was not allowed to go home even though her condition had improved. Her parents were led to believe that she would soon be released. Instead, Helene’s mother was informed in August 1938 that Helene had been transferred to a hospital in Niedernhart, just across the border in Bavaria. In fact, Helene was transferred to a converted prison in Brandenburg, Germany, where she was put to death by carbon monoxide poisoning as part of the Nazi regime’s policy of killing those with mental and physical disabilities.

Helene was one of almost 1,000 persons gassed that year in the Brandenburg “euthanasia” center. She was officially listed as dying in her room of “acute schizophrenic excitement.” VIENNA, AUSTRIA; NO DATE GIVEN. USHMM.

At every step along the way, Nazi officials and members of the medical establishment carried out elaborate subterfuges to deceive the victims, their families, and the general public. Their method was to camouflage the killing operations by making each step in the process appear legitimate. Officials of the Charitable Foundation for the Transport of Patients Inc. (the organization created to transfer patients to killing facilities) sent lists of patients to be collected and issued instructions regarding the orderly transfer of people, medical records, and possessions. SS and police officers dressed up as doctors and nurses



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in white coats and rode along in the buses to assuage the anxieties of those on board. To keep the public from seeing too much and raising questions, the bus windows were blacked out or covered with curtains. With such precautionary measures in place, T-4 personnel transported patients to the sanatoria where they would be put to death in gas chambers.

Within the framework of T-4, German health care officials and administrators, assisted by experts from the Criminal Police Technical Institute, established gassing installations at six existing facilities: Bernburg, Brandenburg, Grafeneck, Hadamar, Hartheim, and Sonnenstein. When the victims arrived, health care workers explained to them that they would undergo a physical evaluation and take a disinfecting shower. Lulled into a false sense of security by the seemingly routine measures, the individuals were crowded into gas chambers (disguised as showers complete with fake nozzles) and suffocated by carbon monoxide gas. Orderlies then removed the corpses from the chambers, extracted gold teeth, and burned the bodies in adjacent crematoria. Many elements of those facilities and procedures would serve as prototypes for the massive killing operations that took place in occupied Poland later in the war.

The Nazis carefully crafted their efforts to cover up the real nature of the killings, but the secrecy surrounding T-4 inevitably broke down. The German authorities could not explain away the sudden death of thousands of institutionalized but often otherwise physically healthy people, and the disturbing similarities of cause, place, and day of death in official certificates further heightened public suspicion. Frequent missteps contributed to the growing general awareness: facility workers filled urns with ashes to give to the victims' families, but hairpins turned up in the remains of male relatives; physicians falsified death certificates (and sent letters of condolences to relatives), but the cause of death was listed as appendicitis when the patient had undergone an appendectomy years before.

Word leaked out in other ways, as well: some "euthanasia" center personnel were indiscreet while drinking in local pubs after work, and, in the town of Hadamar, thick smoke coming from the hospital incinerator was said to be visible every day. School pupils in Hadamar called the gray transport buses "killing crates" and threatened each other with the taunt, "You'll end up in the Hadamar ovens!" Eventually, the "euthanasia" program became an open secret.

A handful of leaders who were in the German judicial, medical, and clerical establishments and who learned of the murders from frightened and angry parents and relatives of the victims protested overtly. Judge Lothar Kreyssig, a judge on the Orphans Court in the city of Brandenburg and legal guardian to several people with disabilities, became aware of the systematic killings when a disturbing number of his wards suddenly died shortly after transfer from facilities in his jurisdiction. Suspicion turned to outrage after the judge

learned of the “euthanasia” program when he consulted with certain government officials. Thereupon, Kreyssig forbade the transfer of patients out of his jurisdiction and filed a criminal complaint for murder against the T-4 managers with the public prosecutor in Potsdam. Despite receiving assurances from the Justice Minister that Hitler himself had authorized the killings, Kreyssig refused to withdraw the criminal complaint and continued to forbid the transfer of his wards to the “euthanasia” killing centers. Finally, the regime retaliated by sending him into premature retirement.

Likewise, Karl Bonhöffer, a leading psychiatrist, and his son Dietrich, a Protestant minister who actively opposed the regime, urged churches to pressure church-administered institutions that were for people with disabilities not to release their patients to T-4 authorities. On Sunday, August 3, 1941, Catholic Bishop Clemens von Galen of Münster delivered a sermon denouncing the murder of patients with mental illness. He referred openly and explicitly to the killings, informing his listeners that he himself had brought formal charges against the police in Münster for their part in this operation. He went on to decry the regime, saying,

[T]hose unfortunate patients must die ... because they have become “worthless life” in the opinion of some office, based on the expert report of some commission, because according to this expert report they belong to the “unproductive national comrades.”... But have they for that reason forfeited the right to life? Have you, have I the right to live only so long as we are productive, so long as we are recognized by others to be productive?

Galen’s impassioned speech caught the attention of Hitler and the Nazi leadership and encouraged other clerics to speak out. Reluctant to punish Galen directly, for fear of turning him into a martyr, the German authorities did act against several clerics who followed his example, arresting them and sending them to concentration camps. As part of a more general program to appease Catholic leaders, Hitler ordered a halt to the gassing program on August 24, 1941. Although Galen’s sermon, as well as growing public unrest about the killings, embarrassed Hitler and may have contributed to the order, the reason for the halt of the killing-center gassings was more likely that the Germans had met their initial targets. By the summer of 1941, German health care authorities had killed more than 70,000 innocent residents of institutions in the T-4 program.

The public stop order was meant to quell the fears and discomfort of the German citizenry. Even though the T-4 program had all but ended and most of its management

and leadership had moved to other projects, including the mass murder of the European Jews, Hitler's order did not bring an end to the systematized murder that the regime labeled "euthanasia." Instead, German authorities continued to kill in a more decentralized process, thus involving a larger number of institutions.

The second phase of the Nazi "euthanasia" operation continued from late 1941 through the end of the war. Because of its lack of apparent centralized organization and standardized transfer and killing procedures, this phase is sometimes called "wild euthanasia." The murder of infants and small children—who had never been gassed—continued without interruption. Within months of Hitler's order, the authorities resumed killing institutionalized adults with disabilities, using lethal injections or drug overdoses at clinics throughout Germany and Austria. Many of those institutions also murdered both adults and children by deliberately starving them to death.

The Nazis would have had the German public believe that they were providing a painless death to those afflicted with incurable diseases. Yet, inside the hospitals and institutions, patients experienced neglect, abuse, and physical and psychological trauma at the hands of doctors, nurses, and other health care workers. Medical doctors brought misery to those who could have lived long lives; those same doctors failed to relieve—indeed, often exacerbated and prolonged—the agony of others who were in pain. Accounts of survivors of the killing institutions testify to just how profoundly the German doctors twisted the concept of "mercy death" and perverted the traditional medical oath to "first do no harm."

Beginning in mid-1941 and continuing until the winter of 1944–45, the Germans implemented another killing program, known under the code name Operation 14 f 13. It was, in fact, an extension of the T-4 program into the concentration camp system, which was constantly absorbing new prisoners from each German conquest. As the numbers of those unable to work increased, in part as a result of the appalling living and working conditions in the camps, SS authorities weeded them out and killed them under Operation 14 f 13. Experienced physicians from the T-4 operation were sent to perform superficial medical screenings and to review registration forms filled out by camp authorities. They then designated prisoners of all nationalities and types to be sent to the killing centers at Bernburg, Hartheim, and Sonnenstein, where the authorities had not dismantled the gas chambers. Although illness was the supposed determining factor for selection, doctors often judged prisoners on the basis of their so-called crime, racial status, and anti- or pro-German sentiment. The German authorities killed nearly 13,000 people in Operation 14 f 13.

As a general rule, the Germans were indifferent to the fate of people with disabilities in the lands they occupied. Moreover, they did not intend to feed residents of institutions and

often needed the buildings and grounds for other purposes. As a result, military, SS, and police units killed tens of thousands of people who had mental and physical disabilities and who resided in institutions throughout occupied Poland and the Soviet Union. In just over one month in the fall of 1939, German SS and police shot about 3,700 institutionalized patients with mental disabilities in the region of Bydgoszcz, Poland, alone. Although regular army units did not, as a matter of policy, participate in such killing operations in Poland, some instances of their involvement have been documented. In the occupied Soviet Union, however, military units did participate in murdering institutionalized people with disabilities. Insufficient documentation exists to determine the total number of institutionalized people with disabilities whom the Germans killed in occupied Poland and the occupied Soviet Union. At a minimum, however, the victims number in the tens of thousands.

By carrying out their “euthanasia” program, German authorities got their first practical experience in using gas chambers for mass murder. Both the engineers who designed the chambers and many of the T-4 personnel who operated them were transferred to occupied Poland in the autumn of 1941 to construct killing centers. Many would later play a key role in the implementation of the mass murder of the Jews. Among those perpetrators were police officers, physicians, and other health care workers, including the former operations supervisor at Hartheim, Criminal Police Captain Christian Wirth; his colleague and successor, Franz Reichleitner, and Reichleitner’s deputy, Franz Stangl; Dr. Irmfried Eberl, the chief of the Brandenburg killing center; and Gottlieb Hering, the supervisor of the gassing operations at Bernburg and Hadamar. Those infamous Nazi commandants were intimately involved in the creation and daily operations of the killing centers at Bełżec, Chełmno, Sobibór, and Treblinka.

The “euthanasia” murders continued until the last days of World War II and, indeed, expanded to include an ever-wider range of victims, including so-called asocials, geriatric patients, bombing victims, foreign forced laborers, and even permanently disabled German soldiers. Throughout, the Nazi regime continued to publicize the message that people with mental disabilities and certain physical ailments were “useless eaters” because they could not produce in the terms defined by the state. The authorities continued the killings until the last possible moment; in some of Germany’s institutions, medical personnel carried on even after Allied troops had occupied surrounding areas. From 1939 to 1945, an estimated 200,000 Germans deemed “unworthy of life” were killed in the various “euthanasia” programs.

Some of the perpetrators, such as Wirth and Reichleitner, did not survive the war, and others, such as Eberl and Bouhler, committed suicide. A few, namely Viktor Brack and Dietrich Allers, were brought to trial after the war. However, the overwhelming majority of

scientists, physicians, nurses, academics, and other health care professionals who advocated, implemented, and legitimized Nazi racial hygiene policies—even those who were directly involved in the killing—were neither indicted nor brought to a legal accounting for their actions. Many continued their professional careers in Germany after the war.

AFRICAN GERMANS

Germans of African descent are little-known victims of Nazi persecution, in part because of their small numbers and in part because the Nazis did not develop and carry out an organized program of annihilation against them. Consistent with attitudes toward all those whom they viewed as racially inferior, the Nazis ostracized, isolated, and, in many cases, physically harmed African Germans in an effort to segregate them from the “Aryan” population. Because the Nazis regarded anyone with “non-Aryan” blood as inferior and a threat to the purity of the race, they considered blacks—like Jews and Roma—to be less than fully human. In segregating and persecuting Germans of African descent, the Nazi leadership could draw on broad acquiescence from the German population.

Nazi attitudes toward black Africans were shaped in large measure by centuries of European colonial rule in the Americas, Africa, and Asia. The colonists shared faith in the superiority of Western civilization and in the right of white settlers to dominate indigenous peoples and cultures. The Germans’ perceptions of blacks had an historical precedent in the oppression and murder of the Herero people under German colonial rule. In 1884, Germany declared a protectorate over the lands of the Herero, who were cattle herders in Southwest Africa (known today as Namibia). Calling on the rights they claimed under colonial rule, German settlers systematically seized the cattle on which the Herero depended for their livelihood. In 1903, the Herero people rose in revolt; in response, Germany sent a military force commanded by General Lothar von Trotha. With the full intention of crushing the resistance by ruthlessly annihilating the Herero people, Trotha ordered his soldiers to kill the men and to drive the women and children into the Kalahari Desert without supplies. Tens of thousands of Herero died.

When news of this order and its consequences reached Germany, Trotha was recalled, but not before the surviving Herero launched a full-scale counterattack. The German military forced the remaining Herero into detention camps, where they were used as forced laborers, a common practice under European colonial rule. Many died from overwork, malnutrition, and disease. During the years of the uprising, German forces and their native auxiliaries killed more than 60,000 Herero.

In the period between the world wars, an estimated 2,500 to 3,000 people of African descent lived in Germany. Among them were immigrants from Germany’s former African

colonies, including low-level indigenous officials who had worked as tax collectors and soldiers who had rendered auxiliary security service to German colonial administrations before World War I. In addition, some Africans had come to Germany during the interwar years as diplomats; businessmen; demobilized seamen; students; artisans; and entertainers, including jazz musicians, dancers, singers, and actors. This latter group of artists included a small number of African American émigrés seeking to escape harsh segregationist laws and practices in the United States. Finally, some former members of French or British colonial units who had been captured by the Germans had opted to remain in Germany after the war.

Perhaps the most visible minority group in Germany lived in western parts of the country (specifically, areas known as the Rhineland and the Ruhr). They were primarily the offspring of German women and North and Sub-Saharan African men whose liaisons were made possible by the deployment of colonial troops as occupation forces following the defeat of Germany in World War I. The Allied powers not only demilitarized the region but also occupied it for more than a decade. Most Germans, like most Europeans, harbored antiblack racist beliefs, and officials of the Weimar Republic condoned and promoted such feelings toward those colonial troops as a way of protesting the occupation. Building on existing prejudice, propaganda in the republic depicted black soldiers as carriers of venereal and other diseases and portrayed them as rapists of white German women. Nevertheless, despite all efforts at segregation, hundreds of relationships developed. Regardless of whether the partners married, children born from these liaisons were called “Rhineland Bastards.” Between 500 and 800 children were born as a result of relations between Colonial soldiers and German women.

When the Nazis came to power, they named African Germans among those groups identified as a danger to “Aryan” German racial purity. In *Mein Kampf*, Hitler had complained that the “Jews ... bring the Negroes into the Rhineland always with the ... clear aim of ruining the hated white race by the necessarily resulting bastardization....” Most Germans had no direct contact with black people, and few approved of their integration into mainstream society. Because of the extent of existing popular prejudice and the ability to identify Africans and most African Germans by sight, the Nazis did not have to work very hard to convince Germans to cooperate in excluding and persecuting them. The small, isolated black minority was both vulnerable and exposed.

The Nuremberg Laws of September 1935 codified and defined racial groups in Germany: those with “Aryan” blood were protected by the law while those with so-called alien blood were relegated to second-class citizenship. Although blacks were not enumerated in the decree itself, the onslaught of restrictions against Jews that followed also applied to blacks



and other racial minorities. The laws served to reinforce and escalate their social and economic isolation. Some African Germans lost their jobs and their citizenship. German authorities excluded them from many career opportunities, including service in the military, and prevented them from attending universities. Eventually, German authorities interned many of them in prisons and concentration camps. There, they were often treated more harshly than other inmates; in some cases, they were subjected to medical experiments.

HILARIUS (LARI) GILGES (left), an African German dancer in Düsseldorf, Germany, was the son of a black man who stoked coal on a Rhine River steamship and of a white woman who worked in a textile mill. Like other African Germans born to racially mixed couples, Gilges experienced racism and prejudice from white Germans. He was politically active, joining the German Communist Youth Organization in 1926 and organizing anti-Nazi demonstrations. He also founded a political theater group in Düsseldorf and performed in cafés and bars and in the open air.

Just months after the Nazis took power in Germany in June 1933, the SS arrested Gilges, ostensibly because of his political activities. The following day, the body of 24-year-old Gilges was found under a bridge. His family was told he had been shot while trying to escape. On December 23, 2003, the city of Düsseldorf named a plaza after him, the Hilarius-Gilges-Platz in the old quarter, in honor of the first victim of the Nazis in the city. DÜSSELDORF, GERMANY, 1929–32. WITH PERMISSION

OF THE MAHN UND GEDENKSTÄTTE DUESSELDORF

The children of African soldiers and German women in the Rhineland were specifically targeted by the regime. Nazi measures against them were fueled not only by racial prejudice but also by the fact that the “Rhineland Bastards” were a visible symbol and painful reminder of Germany’s defeat in World War I. The Gestapo created Special Commission No. 3, whose task was to locate, identify, and secretly sterilize the “mixed race” offspring of occupation forces in Germany. By 1937, the Gestapo had rounded up many of those children, who were by then teenagers, and had supervised their sterilization. According to available documents, at least 385 Rhineland children residing in and around the cities of Bonn and Köln were sterilized between 1935 and 1937. Typically, the order for the sterilization concluded that the measure was necessary because “the descendants of the child would retain the colored blood alien to the [German ‘Aryan’] race.” Some of the Rhineland children were also subjected to medical experiments; others mysteriously disappeared.

Not surprisingly, blacks residing in countries conquered and occupied by the Germans

during World War II also suffered intense persecution. Little research has been done as to the particulars of these cases; however, a few known cases illustrate the scope of Nazi policy. Valaida Snow, a black American female jazz musician and singer, was interned in occupied Denmark and released to the United States in 1942, possibly in exchange for someone in U.S. custody whom the Germans wanted.

Josef Nassy, a black Surinamese, moved to the United States as a teenager and obtained a U.S. passport to travel to Europe in 1929. Eventually moving to Belgium, Nassy remained after the Germans occupied the country and was eventually arrested in 1942 as an enemy national after the United States entered the war. Incarcerated for seven months in a transit camp in occupied Belgium, he was transferred to Germany and interned in the camps Laufen and Tittmoning in upper Bavaria, where he survived the war.

Lionel Romney, a black American sailor in the U.S. Merchant Marine, was imprisoned in Mauthausen; his fate is unknown. Bayume Muhammed Hussein (also known as Mohamed Husen), a native of German East Africa, worked in the film industry as an actor in propaganda films with German colonial themes until his arrest on a false charge of “illegal” sexual relations with a German woman. Taken into protective custody, Hussein died in Sachsenhausen in November 1944.

The Germans also took a number of black soldiers as prisoners of war, though treatment of black soldiers in the POW camps was inconsistent. The Germans captured as many as 16,000 French African soldiers in 1940. As of July 1940, they had more than 28,700 French, British, and Belgian African prisoners of war in custody. The Germans are known to have killed between 1,500 and 3,000 French colonial soldiers upon their capture during the summer of 1940. Some Allied troops of African descent never reached the POW camps, although little information exists on their numbers and their fates. Approximately 200 black U.S. military personnel fell into the hands of the Germans after U.S. troops landed on the European continent in 1943 and 1944.

When dealing with black prisoners of war, the Germans sometimes ignored the rules of the Geneva Convention, which had been designed to regulate the conduct of war and the treatment of wounded and captured soldiers. In contrast to the general treatment of white U.S. and British POWs, the Germans worked some black POWs to death on construction projects or allowed them to die as a result of mistreatment and harsh living conditions in the camps.

ROMA (GYPSIES)

The Nazis placed Roma (Gypsies) among the groups they most despised and feared for the imagined threat they posed to “Aryan” German “racial purity.” Reflecting long-held

popular prejudices (in Germany and elsewhere) that judged Roma's itinerant lifestyle as violating the cultural norms of the European West, Hitler and his followers identified Roma as fundamentally antisocial and a biological source of criminal and degenerate behavior. Consequently, the Nazis hunted, persecuted, and killed them throughout Europe.

Roma have long been popularly called "Gypsies." Although today the term is considered too general and derogatory, it is still sometimes used when discussing the history of the Roma and state policies toward them. Collectively, Roma are an ethnic minority defined by language and some common customs. Within the Roma are smaller groupings known as tribes or nations. Although all Roma share the common Romany language (based on Sanskrit from classical India), particular tribes often speak in distinct dialects, the names of which they sometimes use to identify themselves. For example, in Germany and western Austria, Roma speak the Sinti dialect and are often called by that name. In eastern Europe and the Balkans, they are often referred to as Romani people or Roma. The term *Roma* has today come to include all "Gypsy" nations or tribes.

The Romani people have a long past, and historical fact has mingled with public perception to shape impressions and attitudes about them that persist to this day. They are believed to have migrated into Europe from the Punjab region of northern India between the eighth and tenth centuries C.E., although their exact origins and the cause of their exodus are unknown. Europeans referred to Roma as "Gypsies" in the mistaken belief that they came from Egypt. From the beginning of their presence among the settled populations of Europe during the late Middle Ages and Early Modern period, Roma were known for their markedly different appearance, language, customs, and way of life. Their social and cultural life was governed by a complex system of ritual purity laws, which distinguish unclean (*marime*) from pure (*wuzho*). Fundamentally distinct from the habits and norms of European society, those laws required that Roma live apart from non-Roma (*gaje*). Historically, Roma have tended to be nomads and travelers, interacting with local peoples primarily in their roles as craftsmen, entertainers, seasonal laborers, or tinkerers (menders of metal pots, kettles, and utensils), although individual Romani families have led settled lives throughout Europe from at least the seventeenth century.

White Europeans scorned and persecuted Roma for centuries, regarding their itinerant lifestyle and their seemingly mystical beliefs with a mixture of fascination, suspicion, and fear. Traditionally, they accused Roma of being beggars, thieves, con artists, spies, and practitioners of magic who used their charms to lure the unsuspecting to their ruin. They also perceived Roma as being constitutionally unable to settle and hold down permanent employment, preferring to live by means of petty crime. Europeans tended to view the Romani practice of moving from place to place as further evidence that they preyed on

the settled population by stealing or cheating and then moving on before they could be caught. Many insisted that Roma were dangerous outsiders who did not merit the respect or protection awarded to other members of society.

Many Roma became Christian in the course of their migrations through Persia, Asia Minor, and the Balkans. By the turn of the twentieth century, the numbers of truly nomadic Roma were on the decline in many places, although many who were considered sedentary continued to move seasonally, depending on their occupations. Others, particularly in central Europe, chose a settled lifestyle, and by the 1920s, a small, lower-middle class existed of Roma shopkeepers and some civil servants, including a number who were employed in the German postal service. Nevertheless, popular perception continued to set Roma apart as mysterious and dangerous strangers, which, in turn, seemed to justify ever-increasing restrictions against them.

A group of Romani (Gypsy) prisoners, (right) awaiting instructions from their German captors, sit in an open area near the fence in the Belżec concentration camp. Belżec, Poland, c. 1940; USHMM, COURTESY OF ARCHIWUM DOKUMENTACJI MECHANICZNEJ, WARSAW, POLAND.

In the nineteenth and early twentieth centuries, many social scientists and officials adopted beliefs about the hereditary nature of criminal behavior. Those ideas offered a seemingly plausible foundation for legal measures against Roma, who were viewed as constitutionally prone to theft and vagrancy. As early as 1899, the Bavarian Criminal Police established a central office for Gypsy Matters in Munich and created special file indices to identify all Roma in Bavaria. Although Roma were granted full rights of citi-

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zenship in 1919 under the new Weimar Constitution, they were still subject to special, discriminatory decrees. Most notable among those was the Bavarian law of July 16, 1926, which outlined measures for “Combating Gypsies, Vagabonds, and the Work Shy.” Within the scope of this law, the Bavarian state government prohibited Roma from camping in groups; it used Roma who could not prove regular employment as forced laborers for up to two years. Other German states passed similar legislation. Despite the promise of equal rights as German citizens, authorities, with strong support and some initiative from the general public, felt free to discriminate against Roma.

MARIA SAVA MOISE (left) was one of four children born to Romani parents in the capital of Moldavia in eastern Romania. The family lived in a mixed neighborhood that included Romanians and Roma. Her father made a living by singing and by working at some of the many wineries that dotted the Moldavian countryside.

My parents couldn't afford to send me to school. To help make ends meet, my sister, older brother, and I helped my mother pick grapes for a local winery. The work was seasonal, and we were contracted by the week. We worked hard and long, from 5 a.m. until evening.

When I was 16, my father was drafted by the Romanians to fight against the Soviet Union. The following year, Iasi's Gypsies were rounded up by the Romanian police and sent eastward by cattle car. When we disembarked in Transnistria, we were marched to a farm and left in open fields to die slowly. That's how my sister died. My husband, Stefan, managed to run away. By coincidence, my father's unit was stationed nearby, and on New Year's Eve of 1943, he smuggled some of us back to Romania on a troop train.

Maria survived the rest of the war in Iasi, Romania. After the war, she and her husband reunited and resettled in Iasi. NO DATE OR PLACE GIVEN. USHMM, COURTESY OF MERLE SPIEGEL

After the Nazis seized power in 1933, the plight of Roma grew dramatically worse. The July 1933 Law for the Prevention of Genetically Diseased Offspring, which permitted the coercive sterilization of people with mental and physical disabilities, affected Roma, despite the fact that the terms of the law did not specifically permit the sterilization of Roma. Instead, physicians and social workers diagnosed a disproportionate number of Roma

with “feble-mindedness” and other conditions, which provided a basis for making them infertile against their will.

The September 1935 Nuremberg Race Laws did not explicitly refer to Roma, but subsequent interpretations categorized them (together with blacks and Jews) as racially distinctive minorities with “alien blood.” Despite prevailing stereotypes, nearly half the Romani population was integrated into German society at this time, having abandoned an itinerant lifestyle. Many had married “Aryan” Germans. In fact, those intermarriages were of great concern to many in Germany—Nazis and non-Nazis alike—who viewed them as a sign that race-mixing was on the rise in Germany and that dangerous consequences would follow. Under the terms of the Nuremberg Race Laws, Roma were deprived of all civil rights, and intermarriage was prohibited.

Classifying and treating Roma as deviants and criminals was another tactic used by German authorities to persecute Roma. A 1933 Law against Habitual Criminals, though targeting recidivist lawbreakers and people suspected of serious violent crimes, also gave the police broader powers to arrest and incarcerate Roma and others deemed antisocial, including prostitutes, beggars, chronic alcoholics, and homeless vagrants.

In June 1936, anticipating the Olympic Games to be held in Berlin, the Ministry of the Interior issued a series of directives that were intended to keep Roma people out of sight so they would not mar the image of the city. Police in the capital were authorized to conduct raids against Roma; by July, they had arrested 600 Romani people and interned them in a municipal camp in the suburb of Marzahn. This “temporary measure” became more or less permanent. Uniformed police, aided by dogs, guarded the camp and prevented the free movement of the internees. With only three water pumps and two toilets, unsanitary conditions prevailed, facilitating the spread of contagious disease. In addition to violating their civil rights and subjecting them to the misery of camp life, the local authorities seemed deliberately to mock values deeply held by Roma by locating the camp near a sewage dump and a cemetery. Forced to reside close to sites of refuse and death, both of which were impure (*marime*) areas, the internees were unable to maintain the ritual purity laws central to their social and cultural beliefs. During the 1930s, municipal authorities established similar internment camps for Roma in cities across Germany.

Nazi efforts to isolate and oppress the Romani population were advanced by Dr. Robert Ritter, a German child psychologist turned race scientist. He had specialized in criminal biology and then directed genealogical and racial research about Roma in central Europe. In identifying the racial origins of Roma, he was faced with an ironic and vexing problem. According to Nazi terminology, Romani people were technically “Aryan,” having supposedly

originated in northern India. At the same time, they were viewed as racially inferior and hereditarily disposed to criminal behavior. How to reconcile the two? Ritter's working hypothesis was that although Roma had indeed come from India and hence had once been "Aryan," they had interbred with "lesser" peoples in the course of their migrations westward. This process had tainted their racial makeup, inclining them toward antisocial behavior and a criminal way of life and turning them, in Ritter's words, into "riff-raff without form and character." According to Ritter, "mixed-race" Roma were particularly dangerous because they had abandoned their itinerant lifestyle and lived in and among the settled population. Their close contact with "Aryan" Germans allowed them to poison society with restless and antisocial behavior.

Ritter's dubious research, in which he attempted to prove a link between heredity and criminality, eventually served as an instrument of and a justification for the onslaught against the Romani population in Germany. In 1936, Ritter was appointed director of the Race Hygiene and Population Biology Research Institute in the Reich Ministry of Health and was provided with both funding and access to criminal police files. Using those resources, he began systematically to collect data on all Roma residing in Germany and, later, in Austria and the Protectorate of Bohemia and Moravia. The Criminal Police facilitated those efforts by requiring all Roma to submit genealogical records. Ritter believed anyone with Romani blood constituted a danger to German society; he perceived even individuals with one mixed-race Romani grandparent as tainted. To prevent the further pollution of the purity of the German "Aryan" bloodline, Ritter argued that Roma should be segregated by sex and prohibited from marrying until after both partners had been sterilized. His aim was the eventual disappearance of a population he declared to be innately antisocial.

In December 1937, the regime issued a Basic Law on Preventive Suppression of Crime, which allowed police to issue so-called preventive detention orders. Under the pretext of stopping illegal acts from occurring, Criminal Police officials could arrest and incarcerate for an unlimited time all people whom they suspected might break the law. People under a preventive detention order were summarily imprisoned in concentration camps, which, until that time, had primarily been used for political prisoners and other perceived enemies of the regime. Because police officials typically viewed Roma as hereditary criminals or "work shy" and, therefore, antisocial, the decree authorized the incarceration of many Roma in concentration camps for indefinite periods.

In June 1938, as part of a general roundup of asocials, the German police arrested about 1,000 Roma and sent them to concentration camps at Buchenwald, Dachau, Lichtenburg, and Sachsenhausen. A year later, the police captured several thousand more Roma, imprisoning them at Dachau, Buchenwald, Mauthausen, and Ravensbrück.

In the camps, Roma were made to wear either the black triangle, the symbol for antisocial prisoners, or the green triangle, which designated them as habitual criminals. Sometimes they also wore the letter Z, which stood for *Zigeuner*, the German word for Gypsy. Nearly every concentration camp in Germany had Romani prisoners. In the concentration camps, Roma, like other prisoners, were assigned to forced labor in stone quarries, brickworks, or repair workshops. Denied adequate food and subjected to brutal forced labor, Romani prisoners often found that incarceration in a concentration camp became a death sentence. Following Germany's occupation of Alsace-Lorraine, the Czech lands, the Netherlands, and Poland, the police arrested Roma as antisocial elements or habitual criminals in those territories as well.

KARL STOJKA (right) was the fourth of six children born to Roman Catholic Romani parents in the village of Wampersdorf in eastern Austria. The Stojkas belonged to a tribe of the Lowara Roma, who made their living as itinerant horse traders. They lived in a traveling family wagon and spent winters in Austria's capital of Vienna. Karl's ancestors had lived in Austria for more than 200 years.

I grew up used to freedom, travel, and hard work. In March 1938, our wagon was parked for the winter in a Vienna campground, when Germany annexed Austria just before my seventh birthday. The Germans ordered us to stay put. My parents converted our wagon into a wooden house, but I wasn't used to having permanent walls around me. My father and oldest sister began working in a factory, and I started grade school.

By 1943, my family had been deported to a Nazi camp in Birkenau for thousands of Gypsies. Now we were enclosed by barbed wire. By August 1944, only 2,000 Gypsies were left alive; 918 of us were put on a transport to Buchenwald to do forced labor. There the Germans decided that 200 of us were incapable of working and were to be sent back to Birkenau. I was one of them; they thought I was too young. But my brother and uncle insisted that I was 14 but a dwarf. I got to stay. The rest were returned to be gassed.

Karl was later deported to the Flossenbürg concentration camp. He was freed near Roetz, Germany, by American troops on April 24, 1945. After the war, he returned to Vienna. NO DATE OR PLACE GIVEN.

USHMM, COURTESY OF KARL STOJKA

Roma were made to wear either the black triangle,
the symbol for antisocial prisoners, or the green triangle,
which designated them as habitual criminals.



German physicians also used Roma concentration camp prisoners in medical experiments. For example, in 1944, the German air force sponsored an experiment on the potability of sea water. The SS selected 44 Roma, previously in good health, who had just been transferred to Buchenwald from Auschwitz and brought them to Dachau. The prisoners were forced to drink sea water and soon exhibited signs of starvation and severe thirst. As they became incoherent, they were physically restrained. When they were approaching death, SS doctors injected them with an experimental substance that was thought to counteract the effects of drinking sea water. Only the fact that other prisoners smuggled food and water to them enabled the Romani test subjects to survive.

In January 1944, SS doctors transferred 100 Romani prisoners from Auschwitz to the Natzweiler-Struthof camp in eastern France for use in typhus experiments. The Roma were infected with typhus bacillus and, naturally, developed high fevers, although none of them died. Later, some of those same Romani prisoners were used in gas experiments at the University of Strasbourg, in which they were injected with a so-called protective element and then subjected to various concentrations of phosgene gas. Four of the Romani prisoners died as a result of the experiments. In Ravensbrück, SS Dr. Carl Clauberg used Romani women and girls, some of them as young as eight, in sterilization experiments. As late as February 1945, approximately 140 Romani women were sterilized there. Some of the operations were performed without anesthesia, and at least ten of the women died.

After Germany incorporated Austria into the Reich in March 1938, the police established two internment camps for Roma there. One opened in Salzburg in October 1939, housing 80 to 400 Roma; the second opened in Lackenback, southeast of Vienna, in November 1940 and held 4,000 prisoners. Conditions at the Lackenback camp were particularly bad, which led to a high death rate at that camp through the end of the war.

The actions against Roma between 1935 and 1938, particularly their registration and incarceration in municipal camps and then in concentration camps, were a prelude to further actions envisioned by the Nazi leadership. Indeed, on the basis of Ritter's "race-biological" research, SS and police chief Heinrich Himmler recommended the full-scale segregation of Roma in his decree of December 8, 1938, on "Combating the Gypsy Plague." He ordered the registration of all Roma above the age of six years and their classification into three racial groupings: Gypsy, Gypsy mixed race, and those leading a nomadic and Gypsy-like lifestyle. Himmler stated that the aim of this measure was to "defend the homogeneity of the German nation" and the "physical separation of Gypsydom from the German nation." The information that Ritter and his associates gathered was essential to the police actions against Roma in Germany. In short, they provided the information necessary for the police to identify and locate Roma, and then to deport and ultimately kill them.

In 1939, some 30,000 to 35,000 Roma lived in the Greater German Reich (Germany, Austria, and the Czech provinces of Bohemia and Moravia). As in the case of other groups, the Nazi regime used the onset of war in September 1939 to radicalize its policy toward Roma. Thus, just three weeks after the beginning of the war, on September 21, 1939, German officials discussed the deportation of 30,000 Roma from Germany and Austria to occupied Poland, together with the removal of the Jews.

The experience of Roma who were sent east and murdered in massive numbers there closely paralleled the systematic deportations and killings of Jews, even though the number of Roma killed and the scope of Nazi efforts did not. The banishment of the German Romani population began in May 1940 with the transport of almost 3,000 men, women, and children to Lublin in occupied Poland. In early November 1941, 5,000 Austrian Roma were deported to Łódź ghetto. Two months later, they were sent to the nearby Chełmno killing center, where they were among the first to be killed by carbon monoxide poisoning in mobile gas vans. Similarly, in the summer of 1942, SS and police officials deported German and Polish Roma who had been imprisoned in the Warsaw ghetto to Treblinka, where they were put to death by gas. German Roma were also deported to ghettos in Białystok, Kraków, and Radom.

In a decree of December 16, 1942, Himmler ordered the deportation of the remaining pure and mixed-race Roma from the Greater German Reich to the Auschwitz-Birkenau killing center in occupied Poland. Although a change of heart prompted by Ritter's research led Himmler to permit certain exemptions for families that could demonstrate they had never intermarried through the generations, those exemptions were sometimes ignored. Even German army soldiers of Roma descent were seized and deported as Roma while home on leave. The SS and police deported nearly 21,000 Roma to Birkenau in the first half of 1943. Police also deported small numbers of Roma from Belgium, France, Hungary, the Netherlands, Norway, Poland, and Yugoslavia.

At Auschwitz-Birkenau, the SS set up a Gypsy Family Camp in Section B-IIe of Birkenau. There, Roma were held together in families because the SS leadership had not yet decided what their fate should be. During the 17 months in which the Gypsy Family Camp existed, the majority of Roma died as a result of starvation, exhaustion, and disease. To add to their misery, some Roma at Auschwitz, including children, perished as a result of medical experiments performed by Dr. Josef Mengele and other SS physicians.

In mid-May 1944, the SS tried to liquidate the Gypsy Family Camp. The Romani prisoners, apparently warned by the SS guard who was responsible for the Gypsy camp and who opposed the operation, armed themselves with improvised weapons, including knives fashioned out of scrap metal, clubs, and rocks; they refused to come out of their

barracks. The SS refrained from carrying out the action at that time, and the Romani prisoners' defiance may have helped postpone their demise. However, on August 2–3, 1944, the SS destroyed the Gypsy camp at Birkenau and used the gas chambers to murder the nearly 3,000 remaining men, women, and children.

As with all so-called racial enemies of the Nazi regime, German SS and police units extended the killing of Roma into German-occupied eastern Europe. After Germany invaded the Soviet Union in June 1941, the Mobile Killing Squads (*Einsatzgruppen*), Order Police battalions, and indigenous collaborators began shooting Roma together with Jews. On so-called racial grounds, they killed tens of thousands of Romani men, women, and children in those massacres.

In western and southern Europe, the fate of Roma varied from country to country depending on local circumstances. In France, authorities had placed restrictions on the movement of Roma even before the German invasion. In northern France in October 1940, the German military commander ordered the arrest and internment of all Roma in the occupied zone. French authorities did not shrink from implementing this order; indeed, they participated in the roundups and served as guards in the camps. A number of the Roma incarcerated in camps in both occupied and unoccupied France died of starvation and disease; many others were eventually released during the war.

The German authorities deported 360 Roma from Belgium and northern France to Auschwitz-Birkenau in January 1944; 121 Belgian Roma were registered at Auschwitz; only 13 survived the war. From Holland, where, as in Belgium, itinerant Roma were subject to discrimination and persecution, the SS and police deported 245 persons designated as Gypsies from Westerbork to Auschwitz, where the SS classified them as "Polish Gypsies" in the camp records. In Italy, the Fascist dictatorship interned some itinerant Roma after 1938, although the Italian police released many of them after the fall of Mussolini in July 1943. Some joined the Italian resistance after the German occupation in September 1943; German forces killed as many as 2,000 Italian Roma in occupied Italy.

In the German puppet state of Croatia, Ustaša, Croatian fascists, killed between 26,000 and 30,000 Roma, between 8,000 and 15,000 of them in the Jasenovac concentration camp system. In occupied Serbia, German soldiers and SS units shot Roma and Jews in reprisal for partisan attacks against the military; the ratio was 50 to 100 people for every German soldier killed. Estimated numbers of Roma killed in Serbia range widely, between 1,000 and 20,000. For Greece and Bulgaria, the numbers also vary, with about 200 Roma killed in Greece and perhaps as many as 5,000 in Bulgaria. In Slovakia, although itinerant Roma were subject to persecution by the so-called Slovak Republic, few were killed before the Germans invaded the country in August 1944 to quell an uprising. In the aftermath of fighting, German forces and Slovak collaborators shot between 200 and 500 Roma.

The Romanian government deported approximately 26,000 Roma to Romanian-occupied Transnistria in Ukraine. How many died there at the hands of the Romanian authorities is impossible to pin down, but estimates range from 13,000 to 19,000. Most died as a result of disease, starvation, and brutal treatment. A post-World War II Romanian war crimes commission found that a total of 36,000 Romanian Roma were killed in Romania proper and the areas under its occupation. In Hungary, after the fascist Arrow Cross seized power with German assistance in October 1944, police forces deported as many as 28,000 Roma. The present state of documentation does not permit a firm estimate of how many died. Existing estimates range between 1,000 and 50,000; the estimate of the Hungarian War Victims Association of at least 25,000 Roma killed is probably the most accurate.

Scholars estimate that at least 200,000 and perhaps many more Roma were murdered throughout Europe during the Holocaust era. Those who managed to survive the war found that they were no more welcome after the war than before in most European countries. Few knew or cared that the Nazis had singled them out for abuse and murder. In fact, discrimination against Roma continued when the Federal Republic of Germany (then West Germany) decided that all measures taken against Roma before 1943 were legitimate policies of state and were not subject to restitution. Incarceration, sterilization, and even deportation were regarded as legitimate policies.

After the establishment of the Federal Republic of Germany in 1949, German courts agreed to compensate Roma for Nazi racial persecution but only for policies that targeted Roma and were enacted after 1943, that is, for their deportation and murder. In the early 1960s, the Federal German Supreme Court revised its position and set the eligibility date for compensation back to 1938, the date when Himmler issued his decree on the Regulation of the Gypsy Question. Nevertheless, many Roma had been incarcerated in concentration camps before 1938 for alleged crimes or asocial behavior, which made successfully claiming compensation for injuries done to them under the Nazi regime exceedingly difficult in German courts.

The Bavarian criminal police took over Robert Ritter's research files, including his registry of Roma in Germany. Ritter himself retained his credentials and returned to his former work in child psychology. Efforts to bring Dr. Ritter to trial for complicity in the killing of Roma ended with his death in 1950.

In 1982, German chancellor Helmut Kohl formally recognized the fact of the Nazi persecution of Roma. By then, most of the Roma eligible for restitution under German law had already died. Subjected to brutal suffering and mass murder during the Nazi regime and denied recognition and restitution in its wake, the Romani term for their own experience under the Nazis is *Porrajmos* (the Devouring). Discrimination against Roma did not

end with Germany's acknowledgment of their suffering. Indeed, as late as the 1990s, Roma faced physical violence in Romania and the Czech Republic. Today, with the rise of strident nationalism in many East European nations and unemployment and economic insecurity throughout Europe, Roma continue to face widespread public prejudice and official discrimination.