

**Benedict, S. and T. Chelouche (2008). "Meseritz-Obrawalde: a 'Wild Euthanasia' Hospital of Nazi Germany." *History of Psychiatry* 19(1): 68 - 76.**

After the euthanasia institutions using gas chambers were discontinued in 1941, the killings of disabled or mentally ill patients continued on an individual basis. Doctors at Meseritz-Obrawalde ordered nurses to kill 10,000 people with a lethal dose of sedatives. Using information from the trial of Hilde Wernicke, one of the involved physicians, this practice of euthanasia is described and her rationale for participating is discussed.

**Benedict, S. and J. Kuhla (1999). "Nurses' Participation in the Euthanasia Programs of Nazi Germany." *Western Journal of Nursing Research* 21(2): 246 - 263.**

Nurses were active participants in the organized killing of 70,000 German citizens who were either handicapped or mentally ill. Most nurses involved were never tried for their crimes against humanity, although one such trial was held in Munich in 1965 against 14 nurses. Some nurses reported struggling with a guilty conscience, while others believed they were simply releasing these patients from their suffering.

**Boehmer, G. (1993). *Germans Arrest Man Who Denies Holocaust. Wisconsin State Journal. Frankfurt, Germany: 1.***

Fred Leuchter was arrested after misrepresenting himself as an engineer and claiming that the gas chambers did not kill millions of Jews.

**Breggin, P. R. (1993). "Psychiatry's Role in the Holocaust." *International Journal of Risk & Safety in Medicine* 4: 133 - 148.**

"German psychiatrists proposed the extermination of mental patients before Hitler came to power. Then in Nazi Germany, organized psychiatry implemented involuntary eugenical sterilization and euthanasia, ultimately killing up to 100,000 German mental patients. The six psychiatric euthanasia centers utilized medical professionals, fake death certificates, gas chambers disguised as showers, and the mass burning of corpses. Psychiatrists from the euthanasia program also participated in the first formalized murders in the concentration camps. Inmates were "diagnosed" on euthanasia forms and sent to the psychiatric euthanasia centers. These facilities later provided the training, personnel and technology for the larger extermination camps. Medical observers from the United States and Germany at the Nuremberg trials concluded that the holocaust might not have taken place with psychiatry. This paper summarizes psychiatric participation in events leading to the holocaust, and analyzes the underlying psychiatric principles that anticipated, encouraged, and paved the way for the Nazi extermination program."

**Burleigh, M. (1997). *Psychiatry, German Society and the Nazi 'Euthanasia' Programme. Ethics and Extermination: Reflections on Nazi Genocide. Cambridge, United Kingdom, Cambridge University Press: 113 - 129.***

Seeking to establish the history and surrounding factors of the Nazi euthanasia program, this chapter offers a broad history of medicine in Germany, focusing on psychiatry. After establishing the state of psychiatry post WWI, the decision made to kill the physically and mentally ill was rationalized using utilitarian arguments, and

implemented as a step towards war. The direct involvement of physicians, especially psychiatrists, cannot be discounted; while the decision to carry out these policies was made by Nazi political officers, psychiatrists contributed to selecting victims and in some cases the actual murder of patients.

**Cohen, C. B. (1983). "'Quality of Life' and the Analogy with the Nazis." *The Journal of Medicine and Philosophy* 8: 113 - 135.**

"The introduction of 'quality of life' judgments into treatment decisions is viewed as pernicious by some who claim that these presuppose the Nazi position that those who are 'devoid of value' must be exterminated. 'Quality of life' judgments are said to deny the equal value of human beings and to assume that some lives are not 'worthy to be lived'. It is argued that the analogy misconstrues the sense of 'value' and 'quality' employed by Nazism and a 'quality of life' position. This leads the analogizers incorrectly to claim that both views assimilate the value of human beings to the value of their condition."

**Fitzgerald, J. (1990). Designer of Illinois' Lethal Injection Device Says Machine May Fail. *The State Journal-Register*. Springfield, IL.**

Fred Leuchter claims his lethal injection machine will likely fail during the execution of Charles Walker due to faulty switches from lack of use. The state plans to carry out the execution despite Leuchter's warnings, claiming he is simply angry about his canceled contract to testify against Walker.

**Gejman, P. V. (1997). "Ernst Rudin and Nazi Euthanasia: Another Stain on His Career." *American Journal of Medical Genetics* 74: 455 - 456, 461 - 463.**

These two articles discuss Ernst Rudin's involvement in the child euthanasia program of the Nazi era. While Rudin's role in the enactment of the Sterilization Law cannot be disputed, his role in the euthanasia programs has not been exposed. The author seeks to prove Rudin's intimate knowledge and authorization of the project by citing Rudin's memorandum, which served as justification for resuming euthanasia programs in 1943.

**Hinds, M. d. Making Execution Humane (Or Can It Be?). *The New York Times*. Smyrna, DE.**

Prison officials are having a hard time to find professional executioners as the death sentence is beginning to be carried out in several states for the first time in decades. The article discusses the problems with executions, including the claim several inmates have taken to court that the death penalty violates their 8th amendment rights. Old electric chairs, gas chambers, hangings, and lethal injections are the main means of execution, and all are discussed on a humane and ethical level.

**Jachertz, N. (2008). Medical Crimes: Remembering and Taking Heed. *Deutsches Arzteblatt*. 105: A 2698 - A 2700.**

**Joseph, J. (2005). "The 1942 "Euthanasia" Debate in the American Journal of Psychiatry." *History of Psychiatry* 16(2): 171 - 179.**

"This paper discusses and analyses three articles appearing in a 1942 issue of the American Journal of Psychiatry. In the first, neurologist Foster Kennedy argued that 'feeble-minded people' should be killed (an act which he referred to as 'euthanasia'). The rebuttal was written by psychiatrist Leo Kanner, who argued against 'euthanasia'. An unsigned editorial discussing these positions clearly sided with Kennedy: that 'euthanasia' would be appropriate in some cases, and that parents' opposition to this procedure should be the subject of psychiatric concern. The arguments are analysed and discussed within the context of eugenics and the murder of mental patients in Germany. Finally, the author points out that currently ascendant genetic theories in psychiatry could be a precursor for future proposals similar to Kennedy's."

**Kessler, K. (2007). "Physicians and the Nazi Euthanasia Program." *International Journal of Mental Health* 36(1): 4 - 16.**

"This article is a discussion of the Nazi euthanasia program, with special reference to the origins of the program in the eugenics movement, the relation between Nazi racial policy and medicine, and the role and motivation of physicians who participated in the euthanasia program."

**Landler, M. (2006). *Results of Secret Nazi Breeding Program: Ordinary Folks*. The New York Times. New York, The New York Times Company: 4.**

This article exposes the SS program Lebensborn, which refers to a series of clinics in Germany and other countries where pregnant women went to secretly give birth for the promotion of the Aryan race. Most of these children have only recently found out the true identity of their fathers, many of them being SS officers, and learn about the circumstances surrounding their births.

**Lifton, R. J. (1986). "Wild Euthanasia": The Doctors Take Over. *The Nazi Doctors: Medical Killing and the Psychology of Genocide*. New York, Basic Books, Inc.: 96 - 102.**

This chapter discusses the euthanasia tactics employed by doctors after Operation T4 ceased in 1941. Doctors were now at their own will to determine who lived and who died. Methods of killing included "special diet", usually starvation, and "medications", namely lethal doses of sedatives.

**Lopez-Munoz, F. (2008). "The Role of Psychopharmacology in the Medical Abuses of the Third Reich: From Euthanasia Programs to Human Experimentation." *Brain Research Bulletin* 77: 388-403.**

"German psychiatry and pharmacology both enjoyed an extraordinary international reputation prior to the promulgation of the Third Reich. However, with the triumph of eugenic ideas and the imposition of a "racial hygiene" policy by the Nazi regime, various organs of the German health system saw themselves involved in a perverse system of social control, in which the illicit use of psychopharmacological tools became customary. In the present work, we review, from the historical perspective, the factors that helped to bring about this situation and we analyze the abuses (known and documented) committed through the specific use of psychotropic drugs during the Nazi period. Among such abuses we can identify the following illegitimate activities: the use

of psychoactive drugs, mainly sedatives from the barbiturates family, in the different euthanasia programmes implemented by the Nazi authorities, in police activity and various types of repression, and for purely criminal and extermination purposes within the so-called "Final Solution"; psychopharmacological research on the mentally ill, without the slightest ethical requirements or legal justification; and the use of psychotropic agents in research on healthy subjects, recruited from concentration camps. Finally, we refer to the role of poisonous nerve agents (tabun, sarin and soman) as instruments of chemical warfare and their development by the German authorities. Many of these activities, though possibly only a small portion of the total - given the destruction of a great deal of documentation just before the end of World War II - came to light through the famous Nuremberg Trials, as well as through other trials in which specific persons were brought to justice unilaterally by individual Allied nations or by the authorities of the new German government after the War."

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**Madden, J. S. (2000). "Euthanasia in Nazi Germany." *Psychiatric Bulletin* 24: 347.**

At the 11th International Congress of the World Psychiatric Association in 1999, the German Society for Psychiatry, Psychotherapy, and Neurology prepared an exhibition titled 'In Memoriam'. This article describes the display, which was a tribute to the 180,000 psychiatric patients killed under the Nazi euthanasia program at the start of WWII.

**Noble, S. (1990). Execution Expert Dropped by State after Controversy. *The State Journal-Register*. Springfield, IL.**

This is a collection of newspaper articles concerning Fred Leuchter, a leading producer for electric chairs, lethal injection equipment, and other devices used to impose death penalties. Leuchter's credentials have been questioned as a result of his claims that gas chambers used by the Nazis in the Holocaust could not have killed 6 million people. He has been dropped from testifying in an Illinois court as an expert witness after the exposure of his beliefs regarding the Nazi massacres.

**Parent, S. and M. Shevell (1998). "The 'First to Perish': Child Euthanasia in the Third Reich." *Archives of Pediatrics and Adolescent Medicine* 152(1): 79 - 86.**

Physical and mentally handicapped children were targeted by the Third Reich for euthanasia programs. The child euthanasia program was directed by mainstream German physicians, beginning before the war and foreshadowing the events to come. This article describes the "scientific thought" behind these racial hygiene programs, including the process of implementation and provides a profile of Werner Catel, a distinguished pediatrician who was one of the major implementors of these programs.

**Sereny, G. (1974). *Into That Darkness: From Mercy Killing to Mass Murder*. New York, McGraw-Hill Book Company.**

The author interviewed Franz Stangl, Kommandant of Sobibor and Treblinka, to understand his perspective and the circumstances which caused him to be in charge of mass killings of innocent people. The author went on to interview many others involved in Stangl's story, his family, Nazi officials, diplomatic observers, witnesses, priests, and

ss personnel. Through exposing the truth of these individuals' memories, the author hoped to demonstrate the interdependence of all human actions and affirm one's responsibilities for his own acts and effects.

**Somerville, M. A. (1996). *Euthanasia and Experimentation in Nazi Germany: Lessons from Evil for Today's Physicians*. Montreal, Canada, McGill University: 3.**

General attitudes towards a seemingly unethical concept can be adjusted to a certain amount of acceptance, particularly by focusing on the "good" that can result from evil acts. In the argument for legalizing euthanasia, for example, medical research and euthanasia are both separately acceptable as long as the persons involved give informed consent. This connection must be questioned. In general, we must maintain the symbolic and value carrying role of medicine as well as a sense of sacredness with regards to human life. Lessons from the Nazi medical experiments can help deter us from viewing human life from a purely biological perspective.

**Somerville, M. A. (1996). *Euthanasia and Experimentation in Nazi Germany: Lessons from the 'Final Solution' for Today's Physicians. The Nuremberg Code and Human Rights: Fiftieth Anniversary of the Doctors Trial*. United States Holocaust Memorial Museum: 32.**

As an opening address for a three day conference, the author emphasizes the need to search for connections between the Nazi era and modern scientific research, specifically in the field of genetics and euthanasia. The author proposes two areas of research to begin looking for connections: what factors in German society and medicine during the Nazi era might also be factors in modern society which we should respond to, and what current medical ethics questions identify factors in contemporary society that give rise to these concerns. These factors can then be compared to Nazi medicine, which the author explores thoroughly.

**Strous, R. D. (2006). "Nazi Euthanasia of the Mentally Ill at Hadamar." *American Journal of Psychiatry* 163(1): 27.**

The 1939 Nazi euthanasia program was the first campaign of directed mass murder against a specific population, namely individuals with mental illnesses. Hadamar was one of six euthanasia killing centers set up under the program, code-named "Operation-T4". About 200,000 lives were claimed at Hadamar alone, where organs were removed for medical research after gasing or lethal injections, then the bodies were buried in mass graves on the hospital grounds.

**Strous, R. D. (2008). "Extermination of the Jewish Mentally-Ill during the Nazi Era-The 'Doubly Cursed'." *Israel Journal of Psychiatry and Related Sciences* 45(4): 8.**

"In Nazi Germany, physicians initiated a program of sterilization and euthanasia directed at the mentally-ill and physically disabled. Relatively little is known regarding the fate of the Jewish mentally-ill. Jewish mentally-ill were definitely included and targeted and were among the first who fell victim. They were systematically murdered following transfer as a specialized group, as well as killed in the general euthanasia program along with non-Jewish mentally-ill. Their murder constituted an important link between euthanasia and the Final Solution. The targeting of the Jewish mentally-ill was

comprised of four processes including public assistance withdrawal, hospital treatment limitations, sterilization, and murder. Jewish 'patients' became indiscriminate victims not only on the basis of psychiatric diagnosis, but also on the basis of race. The killing was efficiently coordinated with assembly in collection centers prior to being transferred to their deaths. The process included deceiving Jewish patients' family members and caregivers in order to extract financial support long after patients had been killed. Jewish patients were targeted since they were helpless and considered the embodiment of evil. Since nobody stood up for the Jews, the Nazis could treat the Jewish patients as they saw fit. Several differences existed between euthanasia of Jews and non-Jews, among which the Jewish mentally-ill were killed regardless of work ability, hospitalization length or illness severity. Furthermore, there was discrimination in the process leading up to killing (overcrowding, less food). For the Nazis, Jewish mentally-ill patients were unique among victims in that embodied both 'hazardous genes' and 'racial toxins.' For many years there has been silence relating to the fate of Jewish mentally-ill. This deserves to be corrected."

**Wyszynski, D. F. (2000). Men with White Coats and SS Boots: The Children's Euthanasia Program during the Third Reich. Boston, MA: 14.**

While the 20th century has been an era of massive scientific and technological progress, we need to be reminded that science and medicine are constantly influenced by political and historical factors; in turn, medicine and science has shape these realms as well. The "Racial Hygiene" program developed by the Nazis was founded in historical trends and theories of eugenics. This article provides an overview of the child euthanasia program implemented during the Nazi era.