Remembering Kaufbeuren: Attitudes in Occupied Germany towards Mental Illness and the Nazi 'Euthanasia' Programme

by

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I. Introduction

Kaufbeuren is a small town in the Swabian region of Bavaria located in southern Germany. The town's mental institution officially opened in 1876. During World War One, it served as a military hospital for soldiers suffering from severe disabilities and 'shell shock'. Dr. Valentin Faltlhauser, an active supporter of the 'euthanasia' programme and a specialist in the treatment of 'war neurotics', became the director of the institution in 1929.3 He joined the National Socialist German Workers' Party (NSDAP) in 1935.4 Prior to arriving at Kaufbeuren, Faltlhauser had taken over responsibility of outpatient care at the Erlangen institute in 1922, where he dealt with 683 outpatients. ⁵ He also played an active role in determining the best way to ease public skepticism regarding sterilization in 1931.⁶ Following the enactment of compulsory sterilization in 1933, he was also a judge at the Hereditary Health Court in Kempten, which delivered verdicts on sterilization cases. Between 1939 and 1940, he joined a committee that sought to bring all psychiatric institutions into the T-4 program.⁸ An experienced and loyal party member, Faltlhauser was an ideal candidate to operate a 'euthanasia' centre. Under his care, approximately 1560 adults, children, juveniles, and toddlers were systematically

¹ United States Holocaust Memorial Museum (USHMM), "Close-up of Richard Jenne, the Last Child Killed by the Head Nurse at the Kaufbeuren-Irsee Euthanasia Facility," http://digitalassets.ushmm.org/photoarchives/detail.aspx?id=10049 (accessed December 15 2014).

² It must be noted that the term 'euthanasia' as it is defined in this paper is not a reflection of the actual definition, but rather in the context that is was defined by the Nazi Party and its supporters. The term will be placed within quotation marks to reflect this.

³ USHMM, "Close-up of Richard Jenne."

⁴ Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press, 1995), 51.

⁵ Michael Burleigh, *Death and Deliverance: 'Euthanasia' in Germany, 1900-1945* (Cambridge: Cambridge University Press, 1994), 27-28.

⁶ Ibid., 39.

⁷ Ibid., 56.

⁸ USHMM, "Close-up of Richard Jenne."

murdered at Kaufbeuren.9

Although German military forces unconditionally surrendered on May 8 1945, Kaufbeuren continued to operate until July 2 1945, after American troops had occupied Bavaria for two months. ¹⁰ The last child who was killed was a four year old named Richard Jenne, who died at the hand of nurse Sister Wörle on May 29 1945, 33 days after the American troops had arrived in Kaufbeuren. The murder of adults continued after this date. Upon entering the institution, the American troops discovered the bodies of men and women whose deaths had occurred between 12 hours and three days beforehand. These bodies were severely underweight. One of the children still alive was 10 years old and weighed less than 22 pounds. The diameter of his calf was 2.5 inches. ¹¹ The institution was situated less than one mile away from where the American authorities were based. ¹²

This paper will begin by analyzing the role that the American troops played in discovering Kaufbeuren, and the ways in which their negligence was tied to the stigma surrounding mental illness at the time. Using primary sources such as military reports, newspaper articles, and court trials, I will emphasize that the Allied forces had obtained enough information by the time Kaufbeuren was discovered to have warranted a search much earlier, and refute their claims that they had 'no idea' what was going on in these institutions. Through an analysis of the roles that the perpetrators played during the institution's operation, I will emphasize that all members were active and willing

⁹ Patricia Herberer, Children During the Holocaust (Maryland: AltaMira Press, 2011), 218-219.

¹⁰ Suzanne Ost, "Doctors and Nurses of Death: A Case Study of Eugenically Motivated Killing under the Nazi 'Euthanasia' Programme," *Liverpool Law Review* 27, no. 1 (April 2006): 13-14, http://dx.doi.org/10.1007/s10991-005-5345-2.

¹¹ Susan Benedict and Linda Shields, eds., Nurses and Midwives in Nazi Germany: The 'Euthanasia Programs' (New York: Routledge, 2014), 160.

¹² Suzanne Ost, "Doctors and Nurses of Death", 14.

participants in the 'euthanasia' programme, even after the end of the war. I will also analyze the prosecution of the Kaufbeuren personnel and show how this process represented Germany's failure to adequately acknowledge its Nazi past in the post-war period. Overall, I will argue that Kaufbeuren is a representation of post-war attitudes towards German civilians who were mentally or physically ill and the 'euthanasia' programme as a whole. Understanding the events that occurred at Kaufbeuren and how they were perceived is a critical component in understanding the stigma of mental illness in the early post-war period.

Before beginning this analysis, it is essential to understand the ideas surrounding 'euthanasia' and the programme on a broader scale. Immediately after their seizure of power on January 30 1933, Adolf Hitler and the NSDAP began to implement laws pertaining to 'racial hygiene'. These laws were based on ideological beliefs regarding the 'purity of German blood'. By the end of the programs he implemented, Hitler wanted 'healthy' Germans to be the only ones who belonged to the German race. Moreover, he claimed that 'Aryans' were the only 'culture-creating' race. These beliefs led to the systemized murder and sterilization of German civilians based on racial and medical grounds. The sterilization laws allowed the NSDAP to regulate the German population by creating a definition of a medical 'norm', outside of which citizens lost their rights to reproduce or even to live. A compulsory sterilization law was implemented before the 'euthanasia' programme officially began. The sterilization programme began on June 28 1933. By July 14 1933, individuals suffering from illnesses such as schizophrenia,

¹³ Michael Burleigh and Wolfgang Wippermann. *The Racial State: Germany, 1933-1945* (Cambridge: Cambridge University Press, 1991), 38.

¹⁴ Suzanne Ost, "Doctors and Nurses of Death," 10.

epilepsy and depression were now forced to be sterilized.¹⁵ Between 320 000 and 350 000 individuals were sterilized based on these new laws, at least 100 of whom died as a result of complications due to poor surgical conditions.¹⁶

It must be noted that while German laws pertaining to racial hygiene and sterilization were large in scale, they were by no means the first. A significant influence was drawn from the international scientific community, where the eugenics movement had started to gain momentum in the early twentieth century. The movement's leading American advocate, Charles B. Davenport, described eugenics as the, "science devoted to the improvement of the human race through better breeding." In France in 1935, Nobel Prize winner Alexis Carrel made a claim in his book Man the Unknown that the criminal and mentally ill should be, "humanely and economically disposed of in small euthanasia institutions supplied with proper gasses."18 Programs of forced sterilization already existed in many areas of the Western world, such as the United States, which had a history of coercive and occasionally illegal sterilization which was usually applied to members of the 'lower classes' of society. 19 By 1920, 25 states had enacted laws which ordered compulsory sterilization of the criminally insane and others who were considered to be 'genetically inferior.' Furthermore, American laws prohibited marriage for people who were suffering from conditions including epilepsy or mental disabilities, as well as between people of different races. The Nazis used these examples to claim that Germany

¹⁵ Michael Burleigh and Wolfgang Wippermann, The Racial State, 137.

¹⁶ Ibid., 138.

¹⁷ As cited by Patricia Herberer, Children of the Holocaust, 191.

¹⁸ As cited by Robert N. Proctor, "Nazi Doctors, Racial Medicine, and Human Experimentation," in *Nazi Doctors and the Nuremberg Code*, ed. George J. Annas and Michael A. Grodin (Oxford: Oxford University Press, 1992), 24.

¹⁹ Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986), 23.

was 'behind' other Western countries to gain public support for their own laws.²⁰ By the late 1920s, approximately 15 000 individuals had been sterilized in the United States, most while in prison or in mental institutions.²¹ Following the end of the war the Nazi sterilization program was not considered a criminal act by the United States or Germany, and this was justified by the fact that many other countries had their own sterilization laws at the time.²² The American perception towards mentally and physically disabled individuals was therefore extremely negative, and this would come to play an important role during the early post-war period.

While compulsory sterilization began immediately under the Third Reich, the 'euthanasia' programme did not come into effect until 1939. Adolf Hitler had informed the Reich physician leader Gerhard Wagner that 'euthanasia' would be implemented at the outbreak of the war. The rationale for this was that more hospital beds would be needed during the war, which would allow the programme to continue without raising too many suspicions.²³ However, while plans for the 'euthanasia' programme had been circulating since Hitler's rise to power, the Knauer case, which took place in the winter of 1938, served as a pretext which allowed this plan to materialize.²⁴ Knauer was the father of a physically disabled child who asked Hitler to authorize the child's death. Hitler sent Karl Brandt, his personal physician, to authorize the request, and appointed Brandt and Philipp Bouhler, the Chief of the Chancellery of the Führer, to deal with any other appeals like Knauer's.²⁵ While the Knauer case served as the springboard for the official 'euthanasia'

²⁰ Ibid., 22-23.

²¹ Robert N. Proctor, "Nazi Doctors, Human Medicine, and Racial Experimentation," 21.

²² Ibid., 22.

²³ Michael Burleigh and Wolfgang Wippermann, The Racial State, 144.

²⁴ Henry Friedlander, Origins of Nazi Genocide, 39.

²⁵ Michael Burleigh and Wolfgang Wippermann, The Racial State, 142.

programme, it was not necessarily an isolated incident or the first case of 'euthanasia'.

Similar appeals to Hitler had been made prior to the Knauer case, so this was not the first time a request of this kind had been brought to Hitler's attention.²⁶

When the war began, the sterilization program was reduced due to the fact that many medical personnel were being conscripted.²⁷ In 1939, Brandt and Bouhler formed the Reich Committee for the Scientific Registration of Serious Hereditarily and Congenitally-Based Illnesses. This group was responsible for the children's 'euthanasia' programme.²⁸ Special "children's wards" were established in institutions to carry out the programme, and parents were persuaded by officials to admit their children to these wards by reassuring them that their children would receive the best possible care and the most innovative treatments.²⁹ Physicians and midwives were ordered to report any physical or mental disabilities of children when they were born. These reports were then sent to a special team of physicians, where they were marked with a "+" or a "-", designating whether the child would live or be murdered.³⁰ If the decision was the latter, the child was transferred to a special 'paediatric clinic', where they were starved to death or given lethal injections. The child 'euthanasia' programme was responsible for the deaths of at least 5200 infants, children, and adolescents.³¹

The adult 'euthanasia' program was initiated in the summer of 1939. Similar forms to those used on children were sent to all mental institutions and clinics throughout

²⁶ Henry Friedlander, Origins of Nazi Genocide, 39.

²⁷ Ibid., 59.

²⁸ Ibid.

²⁹ Susan Benedict, Linda Shields, and Alison J. O'Donnell, "Children's 'Euthanasia' in Nazi Germany," *Journal of Pediatric Nursing* 24, no. 6 (December 2009): 509, doi:10.1016/j.pedn.2008.07.012.

³⁰ Michael Burleigh and Wolfgang Wippermann, The Racial State, 142.

³¹ Ibid.,144.

Germany, and were to be completed for each patient. The official program began shortly afterward. Department II of the Chancellery of the Führer formed the Reich Association of Asylums, which operated from Columbus-Haus on Potsdammer Platz until April 1940, and then from a villa in Tiergartenstrasse 4, where the program picked up its codename, Aktion T-4. Patients chosen for the programme were then sent to one of six killing asylums, where they were gassed and their bodies were cremated or buried.³²

As the number of individuals who fell victim to the T-4 program increased, so too did the suspicions of victims' relatives regarding the true fate of their loved ones. Family members who received letters from doctors at institutions would hear that their relative was doing very well and their health was improving. A week later, they would be informed that their relative had died. In some cases, families received two urns of ashes when only one of their relatives had been institutionalized and cremated. In another example, the cause of death was listed as appendicitis despite the fact that the patient's appendix had been removed years prior. As concerns and questions escalated, relatives contacted clergymen, judicial authorities, and in some cases members of the NSDAP.33 Although Hitler officially put a halt order on the gassings on August 24 1941, the program continued behind the walls of institutions, where doctors were instructed to kill their own patients.³⁴ After the halt on gassing patients was ordered by Hitler, the methods of murder became either a starvation diet of potato peel and cabbage with no fats, or an administration of a lethal injection or pills. These methods were used in both the adult and the children's 'euthanasia' programme.³⁵ Many other mental institutions, including

³² Ibid., 148.

³³ Ibid., 150.

³⁴ Ibid., 162.

³⁵ Ibid., 164-165.

Kaufbeuren, were also transformed into 'euthanasia' centres.

It is clear that the institution of Kaufbeuren was one of many that were involved in the T-4 programme. However, the nurses and doctors who worked at this institution continued to murder their patients even after Germany had surrendered. They were able to do so because the American troops who were stationed in Bavaria were negligent and did not investigate the premises upon their arrival. During the prosecution of the Kaufbeuren personnel, many of their crimes were severely downplayed, and their sentencing was extremely minimal. Even today the story of Kaufbeuren is largely unknown. Through an in-depth analysis into the actions and mindsets of those related to the Kaufbeuren institution and its discovery, this paper will discuss how Kaufbeuren represents a physical manifestation of the negative stigma surrounding mental illness in the early post-war period. The actions of the aforementioned individuals and groups emphasize that mental illness was still perceived as a dangerous, often incurable disease following the Second World War. The atrocities that occurred at Kaufbeuren even after Germany's surrender and the minimal prosecutions of those involved prove that many of the ideologies about mental illness that inspired policy during the 'Third Reich' continued to have an impact even after the Germans had been defeated.

II. "Oh, That's Where They Kill Them" The Allied Discoveries of Nazi 'Euthanasia' Centres

One of the key issues in the historiography of Nazi genocide involves analyzing what the Allies were aware of, and when they became aware of it. With the American

³⁶ As cited in United States, Headquarters Regional Military Government Bavaria, Detachment E1F3, Headquarters European Theatre of Operations, U.S. Army (World War II), Entry A16 (European Theatre of Operations) ETO/USFET, ECAD, Civil Affairs Detachments, 1944-1945, RG 498, Box 2953, NARA. Special Statement of Fact. July 5 1945, 1.

discovery of Kaufbeuren, the Reuters news agency called the institution a "Death Camp" that had operated under the title of a "lunatic asylum." Another Canadian newspaper described the institution as a, "wholesale extermination plant" responsible for the death of German men, women and children who had mental or physical disabilities. 38 One explicitly stated that the 18 American soldiers who had entered the institution were so shocked by what they observed that they volunteered to serve on an execution squad to punish those responsible for the crimes.³⁹ One of the most important pieces of information discovered at Kaufbeuren was a map, which showed more than 30 institutions throughout the Reich, and provided, according to a newspaper account, "solid evidence" that these institutions were systematically practicing murder. 40 This was confirmed in the official Military Government Report, which noted that, "[t]here exists solid evidence that extermination in lunatic asylums of Germany was practised systematically. (Several overlays showing many such institutions in Germany were found and handed over to the Military Government in Kaufbeuren)."41 It is therefore highly unlikely that the Allies were aware of the full extent to which mentally and physically disabled Germans were systematically murdered in the same institutions designed to care for them prior to their investigation of Kaufbeuren. However, despite the important information that this investigation provided, Kaufbeuren was by no means the first institution of this kind to be discovered.

³⁷ Reuter, "Death Camp Still Working: Found by Americans," ProQuest Historical Newspapers: *Daily Mail*, July 5, 1945, 1.

³⁸ Arthur Oakeshott, "German Murder Plant Operated up to July 2 in Bavarian 'Hospital'," *Globe and Mail*, July 5 1945, 1.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Regional Military Government Bavaria, Special Statement of Fact, 7.

While Kaufbeuren may have provided crucial evidence for Allied investigations into the scale of crimes committed by Germans against other Germans, it was certainly not the first institution to be investigated. In fact, the institution was one of, if not the, very last to be found. The most shocking aspect of the story is that staff members had been arrested for 'political reasons', but the local American authorities claimed that they were, "...completely unaware of what happened to this day – within MI rifle range of their respective headquarters." They also claimed that "off limits" posters and signs labeled "Lunatic Asylum" surrounded the institution, which they offered as an apparent means of explaining why they failed to enter the facility. The American authorities contended that they honestly had no idea of what occurred at the Kaufbeuren institution, and were completely shocked by what they found. However, despite the apparent shock and horror of this discovery, it is evident that the Allies actually did have an idea of what was occurring within such institutions, and they had ample evidence to warrant an investigation of Kaufbeuren much earlier than actually occurred.

Not only does the discovery of other mental institutions prior to Kaufbeuren prove that the Allies were aware of what was going on in these facilities, but it also exemplifies their perception of the mentally ill, especially mentally-ill Germans. This chapter will prove that through their earlier investigations of other mental institutions that had played a role in the 'euthanasia' programme, as well as information that was brought to their attention in the months leading up to July 1945, Allied forces had undoubtedly encountered and been made aware of the horrendous conditions in which German

⁴² Ibid., 2. *This fact that the military headquarters was in such close proximity to Kaufbeuren was not officially released to the press when the report was made.

⁴³ Ibid.

patients were living, as well as the atrocities to which such people had succumbed during the Second World War. However, these atrocities were overshadowed by the fate of the patients and prisoners of other nationalities who were also held in these institutions, and as a result investigations into the fate of mentally-ill Germans were not immediately launched. Based on this realization, I will suggest that it was the negligence and lack of responsibility on the part of the American troops occupying Kaufbeuren that allowed the institution's murderous machinery to continue working, rather than a lack of knowledge or awareness. This is emphasized in the official military report issued by the American officers. The officers almost immediately showed signs of embarrassment over their failure to discover anything amiss at Kaufbeuren earlier on. One military government officer suggested that it would have been better if the story had been kept out of the media, and that their own public relations officers had acted precipitately in sharing it with the press.⁴⁴

The institution of Hadamar was discovered by American forces at the beginning of April 1945. Between 1941 and March 1945, almost 15 000 men, women and children were killed at Hadamar as a result of the 'euthanasia' programme. It was the only institution that was used as a killing centre during both stages of the 'euthanasia' programme. During the first phase, approximately 10 000 Germans were gassed at Hadamar. Germans also continued to be killed through starvation and lethal injection during the second phase. However, it is clear that it was not the fate of Germans that

⁴⁴ Regional Military Government Bavaria, *Special Statement of Fact*, note attached to front page of the document following its release to the press.

⁴⁵ United States Holocaust Memorial Museum (USHMM), "Hadamar," http://www.ushmm.org/wlc/en/article.php?ModuleId=10006174 (accessed February 14 2015).

⁴⁶ Henry Friedlander, Origins of Nazi Genocide, 161.

⁴⁷ Michal S. Bryant, Confronting the "Good Death": Nazi Euthanasia on Trial, 1945-1953 (Boulder:

concerned Allied forces, and that they actually viewed German patients in a negative or indifferent light. The newspaper articles published following the discovery of Hadamar focus solely on the political prisoners and slave labourers who were killed there. In fact, one newspaper article had the title, "20,000 Political Prisoners Killed in Nazi Asylum Murder Factory"⁴⁸, implying that these political prisoners were the only people killed at Hadamar, when in fact the nearly 500 Soviet or Polish labourers killed at Hadamar were a fraction of the 15 000 patients who died there.⁴⁹

In contrast to the political prisoners or forced labourers of other nationalities who were discovered at Hadamar, the Americans had either negative or indifferent perceptions toward the mentally-ill Germans within the institution. In a Canadian newspaper article, Hal Botle states, "[t]error was added to the place by 300 crazed inmates who were allowed to run free in the awesome dungeons." The article also quoted Captain Brinkley Hamilton, a British officer attached to a American infantry who was present at the discovery of Hadamar. He stated,

"when we first walked through, the insane inmates were screaming, followed us around in packs...There were dwarfs and stupid giants, but all seemed harmless. Only the sane were killed."⁵¹

The way that the mentally ill are described in Brinkley's comment is extremely telling. First, they are dehumanized by his comments, and made to seem as though they are 'sub-human.' Secondly, the fact that Brinkley claimed that, "[o]nly the sane were

University Press of Colorado, 2005), 77.

⁴⁸ Hal Botle, "20,000 Political Prisoners Killed in Nazi Asylum Murder Factory," *Globe and Mail*, April 10, 1945, 13.

⁴⁹ United States Holocaust Memorial Museum (USHMM), "The Hadamar Trial," http://www.ushmm.org/wlc/en/article.php?ModuleId=10007265 (accessed February 14 2015).

⁵⁰ Hal Botle, "20,000 Prisoners Killed," 13.

⁵¹ As cited by Hal Botle, "20,000 Prisoners Killed." 13.

killed" suggests that either the Americans were unaware of the atrocities that occurred in these institutions, or that they had no regard for the fate of mentally-ill German patients who resided within them. On April 25 1945, when American troops arrived at the institution of Kalmenhof, director Dr. Hermann Wesse was arrested. Est Between August 1942 and mid 1945, approximately 359 children were killed at the institution. One of the most important aspects of the discovery of these institutions, particularly Hadamar, is that the news media acknowledged that crimes had been, "...hidden in an insane asylum." Even if the Americans were only concerned with the fate of prisoners and inmates of other nationalities, the discovery of Hadamar still warranted an investigation into other German institutions.

In addition to Hadamar and Kalmenhof, in the spring of 1945 the institution of Obrawalde was investigated by the Red Army. The first troops who arrived interviewed ten surviving inmates, who testified that for several years between 30 and 50 patients were killed each day. 55 After consulting the death register, the Russian investigators estimated that approximately 18 232 individuals had died at Obrawalde in the last three years, 1500 of them by lethal injection. 56 However, like the Americans at Hadamar, the Russians were only concerned with the fate of other nationalities, particularly their own. After exhuming 42 corpses of civilians ranging from ages 2-60, the Russians decided that there were not enough Soviet military victims to proceed further with investigations. 57

⁵² Susan Benedict et al., "Children's 'Euthanasia' in Nazi Germany," 510.

⁵³ Ibid., 511.

⁵⁴ No author, "Starved Till Weak: 20,000 Were Slain in 'Mercy Killings'," *The Washington Post*, April 10 1945, 2.

⁵⁵ Michael Burleigh, Death and Deliverance, 269.

⁵⁶ Ibid., 269-70.

⁵⁷ Ibid., 271.

While at the time it is unlikely that the Allied forces were completely aware of Hitler's 'euthanasia' programme and the fate of mentally and physically disabled Germans, it is clear that their perception of the latter was either negative or indifferent. Despite the fact that the majority of those killed at Hadamar were Germans, the Allied forces were solely concerned with the political prisoners and forced labourers of other nationalities, or the fate of their own countrymen. Even if Kaufbeuren did not house any patients of other nationalities, the Allies had no way of knowing this fact without initiating an investigation. These perceptions represent post-war attitudes towards German society as a whole. The idea of collective guilt extended the scope of public responsibility for the actions of higher authorities, and this notion was deeply embedded within Allied mentalities. Advocates of such a view saw Nazi Germany as an international outlaw, and believed it should be treated as such.58 The Allied forces viewed all Germans as the enemy, even those who had been victims themselves. As a result, the doctors at Kaufbeuren could continue their horrendous activities without being disturbed until months after the ceasefire.

In addition to the Allied discoveries of institutions such as Hadamar, Kalmenhof, and Obrawalde, the files of Leo Alexander also prove that the Allies were aware of medical atrocities long before Kaufbeuren was investigated. Leo Alexander was the Consultant to the U.S. Secretary of War and medical expert to the Chief Counsel for War Crimes. ⁵⁹ He was one of the authors of a report titled *Eugenical Sterilization*, an official

⁵⁸ Perry Biddiscombe, *The Denazification of Germany: A History 1945-1950* (Gloucestershire: Tempus Publishing Limited, 2007), 27-28.

⁵⁹ Ulf Schmidt, Justice at Nuremberg: Leo Alexander and the Nazi Doctor's Trial (New York: Palgrave Macmillan, 2004), 1. http://www.palgraveconnect.com.ezproxy.library.uvic.ca/pc/doifinder/10.1057/9780230505247.

document of the American Neurological Association published in 1936, which praised Germany's sterilization program. Although Alexander was a firm supporter of electroshock, lobotomy, and eugenics, he also believed that the 'euthanasia' programme provided the framework for the Holocaust. 60 It was Alexander's role in post-war investigations that helped bring to light the atrocities committed by the Nazis on German civilians. Although Allied intelligence had obtained unconfirmed reports relating to the murder of mentally or physically disabled individuals, hard evidence was first gathered in the spring and early summer of 1945.61 On Saturday June 2 1945, Alexander and Major Rudolf J. Brauch of the 93rd Evacuation Hospital visited the institution of Eglfing-Haar after they had been informed that the acting director, Anton Edler von Braunmühl, wanted to share information about the institution's past. After discovering the secret files of Dr. Hermann Pfannmüller, a former director of Eglfing-Haar who had been in charge during the 'euthanasia' programme, it was revealed that between January 1940 and June 1941 more than 1800 non-Jewish patients had been transferred to one of the six killing centres.⁶² These documents provided unprecedented detail into the inner workings of the 'euthanasia' programme, including a system of cover organizations. They implicated dozens of state officials, fellow doctors and nurses who had participated.⁶³ Alexander handed over this evidence to the 7th U.S. Army Document Centre. Captain Barbour, the officially designated Counter Intelligence Corps (CIC) investigator of the U.S. 9th Air Force was informed. It was this incident that caused the Allies to focus more deeply on

⁶⁰ Peter R. Breggin, "Psychiatry's Role in the Holocaust," *International Journal of Risk and Safety in Medicine* 4, no. 2 (1993): 137-138, doi: 10.3233/JRS-1993-4204.

⁶¹ Ulf Schmidt, Justice at Nuremberg: Leo Alexander and the Nazi Doctor's Trial, 131.

⁶² Ibid., 88.

⁶³ Ibid.

the role of physicians and medical institutions in Nazi atrocities.64

Alexander's investigations also led him to other people involved in the programme. He spoke with Army Medical Corps chief consultant Oswalde Bumke in Munich in June of 1945, who stated that although the programme was meant to remain hidden, "...the sparrows were whistling it from the rooftops" On June 9 1945, Alexander and Major Baruch interviewed the director of the Wiesloch asylum, Wilhelm Möckel, in Heidelberg. Möckel informed Alexander and Baruch that apart from the transfer of mentally or physically disabled Jewish patients, there had been approximately 800 patients from the institution who had been moved to one of the killing centres. He also referred to the children's ward designed for 'intensive treatment', where children were generally 'put to sleep'. 66

Part of the reason that Alexander's investigations did not warrant a quicker search of Kaufbeuren was a general laxity of the American Military Government responsible for Bavaria. The U.S. Military Governor of Bavaria was Charles Keegan. He was ultimately in charge of the detachment E1F3, the same detachment that failed to find Kaufbeuren for two months after its arrival.⁶⁷ Keegan had been an alderman in New York until 1942, and had a close relationship with Catholic ecclesiastical authorities in the Bronx.⁶⁸ Once in Bavaria, Keegan appointed the Munich lawyer and civil servant Fritz Schaeffer as the 'Minister President.' A former member of the *Freikorps*, Schaeffer had loyally served in

⁶⁴ Ibid., 89.

⁶⁵ As cited by Ulf Schmidt, Justice at Nuremberg: Leo Alexander and the Nazi Doctor's Trial, 92.

⁶⁶ Ibid., 92-93.

⁶⁷ Earl Frederick Ziemke, *The U.S. Army in the Occupation of Germany, 1944-1946* (Washington: Center of Military History United States Army, 1975), 269. http://hdl.handle.net/2027/mdp.39015008639885.

⁶⁸ Perry Biddiscombe, the Denazification of Germany, 53.

conservative and authoritarian governments during the inter-war period.⁶⁹ Shortly after his promotion to minister president, questions about Schaeffer's past and his affiliation with the NSDAP began to surface. Many members of his government were notable members of the Catholic Church who had flourished during the Third Reich. In addition, Schaeffer's chancellery was preparing its own measures to replace the denazification programme of the American Military Government.⁷⁰ On June 18 1945, the liberal news magazine New Republic ran an article with the headline, "Bavarian Scandal." The author, Philipp Loewenfeld, claimed that, "[d]emocracy in Germany experienced its first setback with the appointment of one Friedrich Schaeffer as Minister of Bavaria."71 This article was published less than three weeks after Schaffer's appointment.72 As rumours about the nature of Schaeffer's regime reached officers in Eisenhower's headquarters, investigations revealed that Keegan was ultimately failing in implementing the denazification programme. One report suggested that the Schaeffer regime, "was only a little better than the Nazis it replaced."73 One of Schaeffer's ministers was revealed to have been a general staff officer in German-occupied Poland, France and Italy. The Fragebogen, which were questionnaires designed to detect Nazis, sympathizers, militarists, and other individuals who benefited from the regime, had either been falsified or were simply missing.74 On September 4 1945, Keegan was fired as a military governor.⁷⁵ Keegan's boss, General George Patton, was no better. In press conferences on the 22 and 25 of September, Patton

69 Ibid., 54.

⁷⁰ Ibid., 54-55.

⁷¹ As cited by Earl Ziemke, The U.S. Army in the Occupation of Germany, 383.

⁷² Ibid.

⁷³ As cited by Perry Biddiscombe, the Denazification of Germany, 55.

⁷⁴ Earl Ziemke, The U.S. Army in the Occupation of Germany, 384.

⁷⁵ Perry Biddiscombe, the Denazification of Germany, 56.

claimed that the Bavarian government would be more effective if it employed a higher number of Nazis, and that Nazi party members had joined the movement for the same benefits and opportunities as brought Americans to support the Democrats or Republicans. Patton was stripped of the Third Army and of the Eastern Military District by Eisenhower on September 28, 1945.76

It is clear from the Schaeffer scandal that the Americans had already had little success in denazifying Bavaria. Based on the failures of both Keegan and Patton in adequately dealing with the denazification process, it is likely that this lax regime played a role in allowing Kaufbeuren to continue its lethal operations. Not only did Keegan and Patton fail to check the backgrounds of the people whom they placed in positions of power, but they also failed to investigate medical and psychiatric structures that had developed under Nazi control, despite Alexander's reports and the discovery of other murderous institutions throughout Germany.

Based on Leo Alexander's research it is evident that by no later than the beginning of June, 1945, the Allies had been made aware of the nefarious use of mental institutions during the Second World War, and the role they played in the systematic murder of thousands of mentally and physically disabled Germans. If this factor is taken into consideration, along with the discovery of Hadamar, Kalmenhof, and Obrawalde in the spring of 1945, it is clear that Allied forces certainly had grounds to investigate Kaufbeuren, even if they may still not have been fully aware of these atrocities. One newspaper account published after the discovery of Kaufbeuren referred to it as "another"

⁷⁶ Ibid., 57.

German death camp.⁷⁷ Even if this comparison was drawn between Kaufbeuren and the concentration camps which had become notorious after April 1945, rather than specific mental institutions such as Hadamar, by April 1945 it is clear that the Allies were aware of many of the atrocities committed by the Nazis, and failed to execute thorough investigations. The way in which the newspaper articles described patients with mental illness who were observed in these institutions suggests that they were often considered to be 'sub-human.' If this is considered in relation to the laws pertaining to eugenics and sterilization in the United States, then it can also be suggested that the stigma of mental illness in American society played a role in how these crimes and the victims of them were perceived. Due to Allied negligence or lack of concern, Richard Jenne's life was ended at Kaufbeuren 33 days after American troops had begun their occupation of the region.⁷⁸ It was negligence, a negative perception of Germans, and a disregard for mentally and physically disabled patients that led to the continued operation of Kaufbeuren, not a lack of awareness. The Keegan regime was insufficient in implementing denazification, and the American troops in the town were not unaware, they were careless.

III. "Will Anything Happen to Me?" Analyzing the Guilt and Responsibility of Kaufbeuren Personnel

The Kaufbeuren scandal was not only an example of the failure of the Allies to understand and address the ramifications of the 'euthanasia' programme for German civilians, as well as suggesting the negative stigma towards both German society and the

⁷⁷ Reuter, "Death Camp Still Working: Found by Americans," Daily Mail, July 5, 1945.

⁷⁸ Regional Military Government Bavaria, Special Statement of Fact, 4.

⁷⁹ As cited in Regional Military Government Bavaria, Special Statement of Fact, 1.

mentally ill, it also exemplifies how the German judicial system failed in adequately prosecuting such atrocities during the post-war period. This chapter will explore the participation of personnel at Kaufbeuren in the 'euthanasia' programme, and prove that such participants actively contributed to it, thus emphasizing their roles as willing perpetrators. I will also look at the failure of the German courts to adequately recognize these crimes and the active participation of Kaufbeuren personnel in obviously criminal enterprises.

There is ample evidence to prove that Faltlhauser was much more than an 'accessory' to murder, and was unquestionably 'motivated' and in control of his own actions. The most obvious indication is the simple fact that he continued with the 'euthanasia' programme well after the surrender of Germany. He was no longer receiving any orders from a higher power, but had taken his own initiative to continue murdering mentally and physically disabled patients. This same idea applies to the nurses at Kaufbeuren, such as Pauline Kneissler and Sister Wörle. Both had the option to leave following the end of the war, as there was no longer any risk in such a course. The regime had fallen and the concentration camps had been liberated, so there was no means of coercion to make them stay, apart from their obvious devotion to the 'cause.'

The fact that Kaufbeuren continued to operate for an additional two months after the surrender of German forces should have been more than enough to charge Faltlhauser and his medical personnel with 'motivated' murder. However, the actions in which

⁸⁰ Regional Military Government Bavaria, Special Statement of Fact, 1. *In the report, it states that bodies weighing approximately 60 pounds were found which were less than 12 hours old. While it is unclear whether or not these victims succumbed to 'euthanasia' or died from natural causes, it is likely that based on Faltlhauser's medical history, adequate care was not provided to these patients prior to their deaths.

Faltlhauser took part, as well as the role he played in the 'euthanasia' programme, are certainly enough to prove his guilt, awareness and 'responsibility'. It was under Faltlhauser's direction that Kaufbeuren became a 'euthanasia' centre, and a transfer point for patients from all over Germany. His vehement support of the ideas surrounding 'racial hygiene' and the 'euthanasia' programme meant that he did not hesitate in sterilizing and murdering his patients. For example, during the first year of the sterilization programme, Faltlhauser made 208 applications for the sterilization of his patients, arguing that 82.04% of them were 'hereditarily ill' as defined by the law.⁸¹

Faltlhauser was also responsible for the experimentation and research that was carried out on patients without their consent. He had the ability to choose which patients would be subjected to experiments, or sent to other facilities to be similarly subjected. A letter from the Ministry of the Interior to the Chief Medical Officer of a mental institution in Günzburg, Dr. W. Leinisch, mentions a request for "suitable" epileptics to be sent to Günzburg for research purposes. Faltlhauser's name is mentioned, and it is stated that he is, "obliged to send to you suitable cases." His role in experimentation also involved sending organs and body parts to the Pathology Department in Eglfing-Haar. Annual reports also showed that in some cases entire corpses were sent from Kaufbeuren to the research centre for autopsies. Experiments involving tuberculosis inoculation were also

⁸¹ Michael Burleigh, Death and Deliverance, 161.

⁸² Letter attached to Regional Military Government Bavaria, *Special Statement of Fact*, from the Ministry of Interior Oberreigierungsrat Guam to the Director of the Mental Hospital Kaufbeuren, Obermed. Rat Dr. Faltlhauser.

⁸³ Florian Steger, "Neuropathological Research at the 'Deutsche Forschungsanstalt fur Psychiatrie' (German Institute for Psychiatric Research) in Munich (Kaiser-Wilhelm-Institute). Scientific Utilization of Children's Organs from the 'Kinderfachabteilungen' (Children's Special Departments) at Bavarian State Hospitals," *Journal of the History of the Neurosciences: Basic and Clinical Perspectives* 15, no. 3 (2006): 176, http://dx.doi.org/10.1080/096470490523371.

carried out on patients, and slides of muscles were sent to the department. Brain material from patients between the ages of 2 and 16 were also sent to the institute.⁸⁴

One of Faltlhauser's most prominent responsibilities, and his most notable role in the 'euthanasia' programme, involved his creation of the E-Kost, or starvation diet. Following the halt on the first phase of the 'euthanasia' programme in August 1941, the Bavarian Interior Ministry held a conference in Munich on November 17 1942. It was at this conference that Faltlhauser told other doctors about his starvation diet.85 He explained that although he had initially been opposed to 'euthanasia', he now regretted its abolishment. In his own asylum he was giving patients a 'special fat-free diet', which usually resulted in death within three months.86 He also stated that he used two different types of diets: one for those who worked, and one for those who did not. Those who did not work were fed the 'fat-free' or starvation diet, which involved no bread, fat, meats or carbohydrates.87 This diet was Faltlhauser's creation, and was specifically designed to starve patients and result in their death within three months. The diet was implemented at all other 'euthanasia' institutions within that year.88 Faltlhauser's methods of starving patients at Kaufbeuren increased the death rate so much that the priest in charge of burials was prohibited by the institution's authorities from ringing the church bells, lest it alert people in the area. He was burying up to six or seven people every afternoon.89 While some patients were deluded into thinking that this diet was a result of wartime rationing,

⁸⁴ Ibid., 176.

⁸⁵ Robert Jay Lifton, The Nazi Doctors: Medical Killing and the Psychology of Genocide, 98.

⁸⁶ Michael von Cranach, "The Killing of Psychiatric Patients in Nazi-Germany Between 1939-1945," paper presented at the meeting of the Israel Psychiatric Association, Jerusalem, December 6, 2001, www.phil.gu.se/sffp/reports/16.%20von %20Cranach.pdf (accessed April 25 2015), 5.

⁸⁷ Michael Burleigh, Death and Deliverance, 240.

⁸⁸ Ibid.

⁸⁹ Ibid., 242.

others were aware of the purpose.90

It was ultimately Faltlhauser's starvation diet that allowed the second phase of the 'euthanasia' programme to operate the way that it did. Although many patients also died as a result of lethal injections, it is clear, based on the fact that Faltlhauser suggested a scheme for a starvation diet, that he not only supported the 'euthanasia' programme, but was an active participant in it. He was not 'ordered' to come up with the idea for a starvation diet, but did so on his own accord. During the second phase of the 'euthanasia' programme, an estimated 110 000 patients died. Faltlhauser's diet played an invaluable role in bringing about this result, and his contributions were made based on his own ideological predilections and his support for the programme.

Faltlhauser was not the only member of Kaufbeuren personnel who played an active role in the 'euthanasia' programme. One of the most notorious nurses in the 'euthanasia' programme was Pauline Kneissler. Like Faltlhauser, Kneissler was also a firm supporter of the programme and was responsible for the deaths of hundreds of patients. She joined the Nazi Party in 1937 and began playing a role in the 'euthanasia' programme in 1939. In the early stages of the programme, her job was to travel to mental institutions near Grafeneck with lists of patients who had been selected for transport. During her time at the Grafeneck institution, approximately 9839 people were gassed, and Kneissler witnessed many of these gassings. In January 1942 she was sent to the Eastern Front, where she administered lethal injections to German troops who had

⁹⁰ Robert Jay Lifton, The Nazi Doctors: Medical Killing and the Psychology of Genocide, 98-99.

⁹¹ Michael von Cranach, "The Killing of Psychiatric Patients in Nazi-Germany Between 1939-1945," 8.

⁹² Wendy Lower, Hitler's Furies: German Women in the Nazi Killing Fields (New York: Houghton Mifflin Harcourt Publishing Company, 2013), 50-51.

⁹³ Ibid., 53.

been severely injured in a failed offensive.⁹⁴ She served as a psychiatric nurse for 15 years and participated in operations at several 'euthanasia' centres, evidently having few moral reservations about her roles within the programme.⁹⁵ Prior to her arrival at Kaufbeuren in April 1944, Kneissler had worked at the institutions of Grafeneck, Hadamar and Bernbur.⁹⁶ As a senior nurse, she was able to administer the sedatives that resulted in patients' deaths.⁹⁷ At Kaufbeuren, she was in charge of her own ward, which contained between 45 and 50 beds. Over the course of 48 weeks, 256 women and a few men died in this ward, despite the fact that they had been in good health prior to being in her care.⁹⁸

Kneissler's participation in, and her devotion to, the program is clear, and despite taking breaks between her time at institutions for the mentally ill, she always returned. Although many nurses claimed that they had been sworn to secrecy and would be sent to a death camp had they not done as they were told, this was clearly not an issue after the war had ended. Rneissler stayed and participated in the programme until the very end. The fact that she moved seamlessly from one institution to another proves that she had few objections to participating in the program, and the fact that she remained and worked alongside Faltlhauser emphasizes her cold-blooded sense of motivation and lack of remorse for her victims.

Another nurse who worked at Kaufbeuren and played an active role in the

94 Ibid., 122.

⁹⁵ Sylvia Anne Hoskins, "Nurses and National Socialism – a Moral Dilemma: One Historical Example of a Route to Euthanasia," *Nursing Ethics* 12, no. 1 (2005): 83, doi: 10.1191/0969733005ne759oa.

⁹⁶ Ibid., 87.

⁹⁷ Michael Burleigh, Death and Deliverance, 161.

⁹⁸ Ibid., 254.

⁹⁹ Susan Benedict and Linda Shields, Nurses and Midwives in Nazi Germany, 162.

'euthanasia' programme was Sister Wörle. After American troops entered Kaufbeuren on July 2 1945, Sister Wörle admitted during interrogation to murdering "approximately" 210 children in the course of two years, mainly through intramuscular injections.

Following this calm response, she simply asked the interrogators, "will anything happen to me?" In addition to her evident lack of empathy, Sister Wörle was responsible for killing Richard Jenne, the last child to be murdered at Kaufbeuren, on May 29 1945. [101] She also informed the investigators that she drew a monthly bonus of 35 RM for her deeds. [102] Sister Wörle's role and dedication to the 'euthanasia' programme is clear. Not only did she remain at the institution following the end of the war, but she was directly responsible for the murder of Richard Jenne. Her actions further emphasize that the personnel of Kaufbeuren were firmly supportive of, and dedicated to, the horrendous actions that occurred. It was their vehement sense of "duty" and support for the 'euthanasia' programme that allowed Kaufbeuren to continue functioning long after Germany had lost the war.

As this analysis of the actions of the Kaufbeuren personnel suggests, such perpetrators played an active and crucial role in the programme. Moreover, the fact that all of these individuals continued to work at the institution even after the end of the war further proves that they were dedicated to the goals of the programme, and were acting on their own accord. Following the end of the war there were no longer any orders being given to the Kaufbeuren personnel to execute patients, but they continued to do so.

However, while their actions clearly represent a form of 'motivated' murder, the next

¹⁰⁰ As cited in Regional Military Government Bavaria, Special Statement of Fact, 1.

¹⁰¹ Suzanne Ost, "Doctors and Nurses of Death," 14.

¹⁰² Regional Military Government Bavaria, Special Statement of Fact, 3.

chapter will demonstrate why Kaufbeuren is one of the most important examples of the failure of the post-war German judicial system to adequately recognize and prosecute 'euthanasia' crimes.

IV. "My Life Was One of Dedication and Self-Sacrifice..." 103: The German Prosecution and the Fate of the Kaufbeuren Personnel

One of the most important aspects of the Kaufbeuren affair is how the prosecution of the perpetrators represented a failure of the post-Nazi German court system to adequately recognize 'euthanasia' crimes. While this inadequacy stretched far beyond Kaufbeuren specifically, we have to wonder about the way in which the perpetrators of crimes at this particular institution were viewed by the judicial system. Slap-on-the-wrist punishments suggest that post-war Germany was focused on moving forward and leaving behind its Nazi past, a goal which resulted in many perpetrators of the 'euthanasia' programme emerging unscathed.

The fates of many of the perpetrators of the 'euthanasia' programme were handed over to the German court system being reconstructed in the Western zones of occupation. ¹⁰⁴ Despite the crucial information that Leo Alexander provided to the Allies, the American authorities were unable to prosecute these individuals for their crimes against German patients because they did not have such jurisdiction under international law. Prior to Nuremberg, international law restricted them to prosecuting crimes committed against their own service personnel and civilian nationals, as well as those of

¹⁰³ A quote by Pauline Kneissler, as cited by Wendy Lower, Hitler's Furies, 154.

¹⁰⁴ Lutz Kaelber, "Child Murder in Nazi Germany: The Memory of Nazi Medical Crimes and Commemoration of 'Children's Euthanasia' Victims at Two Facilities (Eichberg, Kalmenhof)", Societies 2, no. 3 (September 2012): 166, doi: 10.3390/soc2030157.

their allies.¹⁰⁵ As Germany had entered a period in which the nation was seeking to regain its sovereignty and sense of identity, it quickly became clear that Germans wished to leave behind many issues of their collective past.

One of the foundational aspects of the 'euthanasia' trials in Germany after 1946 was based in part on the definition of 'Murder' in the German Penal Code. Prior to 1941, homicide, under §211 of the German Penal Code, was defined as any act in which a person illegally killed another person with premeditation. In 1941, the Reich Ministry of Justice revised this definition and murder was now defined as killing which was caused by certain motives: 'joy in killing', sexuality, 'covetousness or other base motives', malice, or cruelty. It also defined a murderer as someone who killed using a means dangerous to society, or was seeking to facilitate or conceal another crime. ¹⁰⁶ With regards to the issue of 'responsibility', the German courts looked to see if the offender controlled the circumstances surrounding the murder, or if they were subjectively associated with the crime by helping the main perpetrator in committing it. ¹⁰⁷ The prosecution within German courts was therefore based on motivation, and it identified a fine line between murder and being an accessory to murder. ¹⁰⁸

Despite the fact that Kaufbeuren personnel were directly involved with the 'euthanasia' programme and in many cases actively contributed to it, as established in the last chapter, the outcome of their sentences were completely inadequate in relation to their crimes. Two factors weighed heavily in determining these outcomes. First,

¹⁰⁵ USHMM, Hadamar Trial.

¹⁰⁶ Michael Bryant, "'Only the National Socialist': Postwar US and West German Approaches to Nazi 'Euthanasia' Crimes, 1946-1953," *Nationalities Papers: The Journal of Nationalism and Ethnicity* 37, no. 6 (2009): 873, http://dx.doi.org/10.1080/00905990903230793.

¹⁰⁷ Ibid.

¹⁰⁸ Michael Burleigh, Death and Deliverance, 276.

Faltlhauser and the other medical personnel of Kaufbeuren had the benefit of their trials occurring in July 1949.¹⁰⁹ By this point, deteriorating East-West relations and the desire to regain German sovereignty after years of military occupation, had led prosecutions of 'euthanasia' perpetrators to wither away.¹¹⁰ By the late 1950s West German courts had convicted 5228 Nazi defendants based on six different categories of crime: first, Political Denunciations; second, Deportations of Jews and Gypsies; third, 'Euthanasia'; fourth, 'Last Phase' Killings; fifth, Killings of Prisoners of War, Concentration Camp Prisoners, Eastern European Workers and Jews; and sixth, Miscellaneous Homicide. Of these convictions, 'euthanasia' crimes amounted to just under 13% of crimes tried between 1945 and 1950.¹¹¹ This percentage continued to drop in the following years, and by 1955 only 21 Nazi defendants had been prosecuted.¹¹² Only two doctors tried for 'euthanasia' crimes, Dr. Hilde Wernicke and Dr. Wieczorek of Obrawalde, were executed by the West German authorities.¹¹³

The second aspect of German court prosecution that deserves mention is connected to notions of 'motivation' and 'responsibility.' German courts became focused on the idea of whether or not the accused controlled the circumstances surrounding a murder, or if they were subjectively associated with the crime through assisting the main perpetrator.¹¹⁴ While between 1945 and 1947 German courts had a tendency to convict

¹⁰⁹ Euthanasia-Aktion Medical Staff HuPA, Grafeneck, HuPA Hadamar, HuPA Irsee, "Euthanasie: Heil-und Pflegeanstalten Grafeneck, Hadamar, Irsee, Januar 1940 – Anfang 1945," *Justiz und NS-Verbrechen* Volume II, Case 042. Amsterdam: Foundation for Research on National-Socialist Crimes, January 28, 1948. Translated with the assistance of Tyler Reeves, 176.

¹¹⁰ Michael S. Bryant, Confronting the Good Death, 107.

¹¹¹ Ibid., 5-6.

¹¹² Ibid., 6.

¹¹³ Michael Bryant, "Only National Socialist," 876.

¹¹⁴ Ibid.

'euthanasia' doctors as perpetrators of murder, after 1947 many were merely convicted as accomplices.¹¹⁵ It was a combination of Germany entering a new stage of history, seeking to leave the atrocities of the 'Third Reich' behind it, as well as an increasingly sympathetic view of 'euthanasia' doctors and medical personnel that ultimately led to minimal indictments of the Kaufbeuren personnel, despite the fact that objectively they had active 'motivations'.

Ultimately, Faltlhauser was tried in July 1949, after being indicted for his contributions in killing patients at Kaufbeuren. The court acquitted him of the murder charge but found him guilty of being an 'accessory to manslaughter' in the deaths of 'at least' 300 patients. ¹¹⁶ During his trial, he was praised for his 'compassion', considered to be, 'one of the noblest motives in human conduct'. ¹¹⁷ The court also acknowledged him as a scholar and recognized his 'groundbreaking research' and contributions to the medical field in caring for the mentally ill. ¹¹⁸ Faltlhauser was also considered to be an 'intelligent man' by the courts, and was therefore looked at sympathetically. He claimed that his decisive motive in killing patients was 'compassion', and that euthanasia was not merely a matter of helping people considered by these personnel to be 'incurable' die 'painlessly', but also that the lives of mental patients were synonymous with torment. The reason he never contacted patients' relatives was to prevent a 'conflict of conscience.' ¹¹¹⁹ He was acquitted of his participation in the transfer of patients and the use of the *E-Kost* diet,

¹¹⁵ Ibid., 881.

¹¹⁶ Euthanasia-Aktion Medical Staff HuPA, Irsee, Nursing Staff Irsee, Administrative Staff HuPA Irsee, "Euthanasie: Heil-und Pflegeanstalt Irsee/Kaufbeuren, August 1940 – April 1945," *Justiz und NS-Verbrechen* Volume V, Case 162. Amsterdam: Foundation for Research on National-Socialist Crimes, July 30, 1949. Translated with the assistance of Tyler Reeves, 178.

¹¹⁷ Ibid., 180.

¹¹⁸ Ibid.

¹¹⁹ Michael Burleigh, Death and Deliverance, 277.

even though he had devised it.¹²⁰ He was sentenced to three years imprisonment, but the year and four months which he had already spent in custody was deducted from his sentence.¹²¹

Pauline Kneissler was indicted for her involvement at Kaufbeuren, as well her activities at other 'euthanasia' centres. The court acknowledged that she had worked intermittently in the programme from its beginning to end, and that she had played a prominent role at both Hadamar and Kaufbeuren. However, they also acknowledged that she had been a nurse for 25 years, many of which she had spent loyally caring for the mentally ill. It was suggested that she had succumbed to Nazi ideology. 122 She was charged with manslaughter, and was convicted and sentenced to four years in prison. 123 The number of murders she had been involved with was listed as 'unknown.' Her sentence was reduced to three years and one month and she was released on parole one year later. 124 During her trial, Kneissler claimed, "I never understood mercy killing as murder...My life was one of dedication and self sacrifice... Never was I cruel to persons... 125 The nurse who had been an active participant from the start to the end of the 'euthanasia' programme was a free woman just one year after her trial.

Sister Wörle, the woman responsible for the murder of Richard Jenne, and a defendant who admitted to killing 'at least' 211 children, received a sentence of 1 year and 6 months. She was charged with aiding and abetting in the manslaughter of 'at least' one

¹²⁰ Justiz und NS-Verbrechen, Volume V, Case 162, 182.

¹²¹ Ibid.

¹²² Justiz und NS-Verbrechen, Volume II, Case 042, 211.

¹²³ Ibid.

¹²⁴ Michael Burleigh, Death and Deliverance, 254.

¹²⁵ As cited by Wendy Lower, Hitler's Furies, 154.

hundred children. ¹²⁶ Like many other nurses, she claimed that she had had 'no choice' but to obey her orders. She stated,

"I had to follow the doctors orders...when I am not told that my oath of duty only obliged me to keep silence, but not to actually kill, then I answer that someone had to do it and the doctor said I was the one who had been chosen. The doctor trusted me to carry out his orders..." 127

During her trial, it was suggested by the court that perhaps during her many years caring for the mentally ill, she had 'lost sense' of reality, and therefore did not fully grasp the implications of the orders she had been given.¹²⁸ The fate of her last victim, Richard Jenne, or the fact that he was murdered nearly a month after the end of the war, was not mentioned.

It is evident from the verdicts in the cases of Faltlhauser, Pauline Kneissler, and Sister Wörle that by the late 1940s, German desires to put the past behind them and move forward to regain sovereignty had taken precedence over acknowledging the horrors of the Nazi period. Although Kaufbeuren was one of many 'euthanasia' centres and Faltlhauser and the other medical personnel who worked there were just a few of the hundreds who worked in the programme, this particular case study provides an excellent example of the failure to acknowledge disastrous abuses of mentally-ill Germans during the Second World War. Despite the fact that Faltlhauser and his medical personnel had played significant roles in the systematic murder of the mentally and physically disabled, and continued to do so even after the war ended, their actions were categorized under the umbrella term 'Nazi crimes', all of which seemed to be controlled and directed by the

¹²⁶ Justiz und NS-Verbrechen, Volume V, Case 162, 179.

¹²⁷ As cited by Suzanne Ost, "Doctors and Nurses of Death," 18.

¹²⁸ Justiz und NS-Verbrechen, Volume V, Case 162, 181.

highest Nazi officials. During their trials, the court did not mention anything about the fact that they continued to carry out these murders, despite the fact that the ideology had been discredited and orders were no longer being issued. The implementation of ideologically-inspired measures in the Nazi state was not strictly a top-down operation. Many of the people loyal to the Nazi regime carried out atrocities on their own initiative, proving that in many situations perpetrators were acting on their own accord. While it may be suggested that these individuals 'succumbed' to the Nazi regime in the sense that they would serve its objectives without being specifically directed to do so, these perpetrators were by no means passive 'victims' with regards to their participation. While many Nazi perpetrators claimed that they had merely 'succumbed' to the Nazi regime, it is clear that they made their own personal choices to continue these atrocious crimes. However, the German courts evidently did not view it from this perspective, and there was ultimately little justice for Richard Jenne, or the other 1560 individuals who died at Kaufbeuren.

V. Conclusion

Until now, Kaufbeuren has remained little more than a footnote in history. For many, it has simply been observed as 'another Nazi atrocity' or considered to simply be another 'euthanasia' centre. However, there are large issues associated with Kaufbeuren that must be noted, many of which have been discussed in this paper. This mental hospital in a small Swabian town not only represents post-war attitudes towards mental illness and mentally-ill Germans in particular, but it also proves that the American forces and the German court system both failed in adequately addressing these atrocities.

Despite the American forces claiming that they had 'no idea' what had occurred at Kaufbeuren prior to their arrival, the liberation of the concentration camps in April and the investigation of institutions including Hadamar, Obrawalde and Kalmenhof refute this claim. While the Americans may not have been fully aware of the extent of these atrocities in mental hospitals, there was evidence that should have persuaded them to investigate institutions such as Kaufbeuren much earlier. However, as observations made by American investigators suggest, the stigma towards mentally-ill individuals was extremely negative. The United States enforced sterilization laws which targeted the mentally ill before Germany adopted similar measures, and this factor, layered upon the notion of collective guilt, meant that even though the Americans were familiar with the poor treatment of mentally-ill Germans, they ultimately had little regard for such victims of abuse.

While the inquiries by Leo Alexander propelled the Americans to turn their investigations toward Nazi atrocities, this process still did not result in a mass investigation of mental institutions throughout Germany, including Kaufbeuren. It is likely that this oversight owed to an extremely lackadaisical American government in charge of Bavaria, led by Charles Keegan. His carelessness allowed a right-wing corporatist to be appointed as head of the government before his past was brought to light, so there is little doubt that Nazi atrocities went unnoticed, or if they had been previously known about, were even permitted to continue. The carelessness of the government and the failure to take Alexander's investigations into account represents the fact that Americans were not really concerned with the fate of German civilians, and

Keegan's extremely lax regime shows a complete failure of the American forces to instigate and enforce an adequate de-nazification program.

With regards to the perpetrators of the Kaufbeuren institution, there is no question that they played active and willing roles in the atrocities committed by the Nazi regime. Furthermore, their decision to act on their own accord and continue these atrocities long after the end of the war refutes the notion that the Nazi regime was strictly a 'top down' organization. Faltlhauser had been an active supported of 'euthanasia' and a notable member of the Nazi Party. He created the starvation diet that was implemented in mental hospitals across the nation, which led to the deaths of thousands of individuals. Kneissler had worked at multiple institutions since the beginning of the programme, and while she had many opportunities to leave, she chose not to switch her line of work. Sister Wörle was the head nurse at Kaufbeuren, and killed Richard Jenne almost one month after the fall of the Nazi regime. Faltlhauser, Kneissler and Sister Wörle all continued to carry out murders at Kaufbeuren two months after orders from the government had ceased. It is likely that if the Americans had not entered the institution on July 2, they would have continued their crimes for much longer.

The failure of the German courts to adequately prosecute 'euthanasia' crimes represents the failure to deal with the atrocities of the Nazi past. Although trials in the initial post-war years usually resulted in significant jail time for perpetrators of 'euthanasia' crimes, Germany still only ever executed two of these perpetrators. Moreover, most other individuals received no more than three to five years imprisonment. By the late 1940s, when the trial of the Kaufbeuren personnel took place,

the definitions of 'responsibility' in relation to the crimes committed had become a prominent consideration in the courtroom. Faltlhauser's notable roles in the 'euthanasia' programme went virtually unmentioned and he was acquitted of his association with the starvation diet. In Sister Wörle's courtroom case, Richard Jenne's name was never mentioned. Kneissler's devotion to the 'euthanasia' programme was overshadowed by the fact that she had simply 'succumbed' to the Nazi regime, an idea which was common in post-war German trials. All three individuals received minimal sentencing ranging between one and three years, like many other 'euthanasia' perpetrators. The atrocities of the 'euthanasia' crimes had the terrible misfortune of coming between two monumental eras of German history: the end of the Second World War, and the beginning of the division of Germany into the East and West. As a result, these crimes were largely swept aside and disregarded.

It is absolutely essential to address historical events like Kaufbeuren with a critical eye. It is easy to regard the atrocities that occurred within the institution as simply another part of the 'Holocaust' or the 'T-4 Programme', but it represents so much more than that. The failure of the Americans to investigate Kaufbeuren sooner emphasizes a break down in post-war occupation policy and reveals inconsistencies in attitudes towards the mentally ill. The way in which the perpetrators of the institution were treated by the German courts emphasized Germany's desire to move on from the Nazi regime as quickly as possible, allowing many criminals to go free as a result. It was not until the late 1970s that Kaufbeuren's past began to be acknowledged, and this belated recognition of what happened owed to the activism of the new director of the institution, Dr. Michael

von Cranach, who decided to investigate the institution's history. Today there are some memorials at the institution which acknowledge this past, but overall it remains an extremely understudied piece of history. While no amount of research about this institution and the atrocities committed within it can provide justice for Richard Jenne or the other 1560 individuals who perished at Kaufbeuren, I hope that my analysis may have provided a starting point.

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