

## BEYOND TESTIMONY:

### Nazi Euthanasia and the Field of Memory Studies

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In 1935, FC Schalke 04 won the German Football Championship for the second year running. For 14-year-old Fritz Lehnkering this was a memorable occasion – just as important as the Berlin Olympics the following year. Even in his old age, he could name every player on the team and would proudly show his collection of Olympics trading cards. What he did not remember was that those years also marked the disappearance of his sister Anna from his life. She had been diagnosed with ‘hereditary feeble-mindedness’ and in 1935 underwent coercive sterilisation. The following year she was committed to a mental institution. Four years later, Anna Lehnkering became one of the more than 10,000 people murdered at Grafeneck in southern Germany as part of the Nazi euthanasia programme.

After her death, the family erased all memory of Anna until, in 2003, Fritz’s daughter Sigrid Falkenstein came across her aunt’s name on an online list of Nazi euthanasia victims. Immediately she set about piecing together her story: with the help of medical files, a number of family photographs, personal letters and interviews with her family, she painstakingly reconstructed the events of Anna’s childhood, illness, and death. In 2004, Falkenstein set up a website in her aunt’s honour.<sup>1</sup>

Since then, Anna’s story has received an ever-increasing amount of public attention. Visual artist Ulrike Oeter created a commemorative installation in 2006, entitled *Annes letzte Reise* (Anna’s final journey), which features an enlarged photo of the 17-year-old Anna, two years before she was institutionalised at the psychiatric clinic in Bedburg-Hau in North-Rhine Westphalia. In 2009, the installation became part of the permanent exhibition at the museum of the Bedburg-Hau clinic, and since then Anna’s face has represented all of Bedburg-Hau’s

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<sup>1</sup> ‘NS “Euthanasie” Anna 1915–1940: Zum Gedenken an Anna Lehnkering’, <http://www.sigrid-falkenstein.de/euthanasie/anna.htm> (accessed 28 March 2013).

patients who fell victim to the euthanasia programme.<sup>2</sup> Also in 2009, Anna's story was included as a case study in the latest edition of the history textbook *Zeiten und Menschen* for all high schools in North-Rhine Westphalia,<sup>3</sup> and a *Stolperstein* (stumbling block)<sup>4</sup> with Anna's name was placed in front of the house where she lived in Mülheim an der Ruhr. In June 2012, Falkenstein's memoir *Annas Spuren: Ein Opfer der NS- 'Euthanasie'* (Anna's Traces: A Victim of Nazi Euthanasia) appeared in German bookshops.<sup>5</sup> At the same time, the play *Ännes letzte Reise* premiered at Theater miniart, a Dutch-German youth theatre company based at the grounds of the Bedburg-Hau clinic.<sup>6</sup> Since then, Falkenstein has been telling Anna's story in schools and at conferences, and has been an active member of the *Gedenkort T4* (memorial T4) initiative, which is in the process of planning a national memorial and documentation centre at Tiergartenstraße 4 in Berlin, the former headquarters of the Nazi euthanasia programme.<sup>7</sup>

*Annas Spuren* is the latest in a series of recent biographies about victims of Nazi euthanasia, written by members of the victims' families. The first of these was Hans-Ulrich Dapp's family memoir about his grandmother, entitled *Emma Z.: Ein Opfer der Euthanasie* (Emma Z.: A Victim of Euthanasia), written in 1990.<sup>8</sup> 22 years ago, however, there was not much interest in a story of this type. *Emma Z.* was published by a small local publisher in a limited edition and had only two print runs. It has been out of print ever since and is largely forgotten.

The difference in the reception of these two books can be seen as emblematic of a broader shift in the German commemorative landscape. 22 years ago, the memory of Nazi euthanasia was still largely absent from debates about the commemoration of the Nazi past, and it is only in the past decade that this has begun to change; the stories of the victims of Nazi euthanasia and coercive sterilisation are beginning to gain a place within the German memory discourse. This is a long-overdue development and it raises several important questions for the field of Holocaust and memory studies. Chief among these is the status of survivor testimony as the *sine qua non* of memory studies. As we move into the third or even fourth post-war generation, the spectrum of legitimate sources and representations is being expanded to include fictional narrative and a more heavily mediated perspective. Such mediated perspectives and non-'authentic' accounts are all we have in the case of Nazi euthanasia, necessitating a high degree of self-reflection: in the absence of any survivors to testify to their experiences, almost all the information about the victims comes from the official medical files and statements made by the perpetrators; everything else must be painstakingly reconstructed or else imagined. Dapp's and Falkenstein's books are examples of such reconstructed victim biographies-cum-family chronicles. Like other works in this tradition such as Melitta Breznik's *Das Umstellformat*, Barbara Degen's *Leuchtende Irrsterne: Das Branitzer Totenbuch*, and Kerstin

<sup>2</sup> See 'NS "Euthanasie" Anna 1915–1940: Aennes letzte Reise – Spurensicherung; Installation der Erinnerung von Ulrike Oeter', <http://www.sigrid-falkenstein.de/euthanasie/artoll.htm> (accessed 28 March 2013).

<sup>3</sup> Lenzian (2009).

<sup>4</sup> For more on the stumbling blocks, see below, pp. 91–2.

<sup>5</sup> Falkenstein (2012).

<sup>6</sup> See 'Ännes letzte Reise', <http://www.mini-art.de/vorstellungen/annes-letzte-reise> (accessed 28 March 2013).

<sup>7</sup> For more information on the most recent developments with the regard to this Memorial, see the Foreword to this volume, p. 7.

<sup>8</sup> Dapp (1990).

Schneider's *Maries Akte*,<sup>9</sup> *Emma Z.* and *Annas Spuren* are hybrid texts incorporating elements of biography, documentary, fiction, memoir, historiography and journalism within a meta-literary framework.

I will take the recent success of Falkenstein's book as a starting point for an examination of this genre and the challenges and opportunities the memory of Nazi euthanasia presents for Holocaust and memory studies. I will focus mainly on Dapp's and Falkenstein's texts as the earliest and the most recent example respectively, but will compare them to other recent texts about this topic. My analysis will be guided by three main questions. Firstly, is this kind of literature an appropriate and productive way of commemorating these victims? Secondly, to what extent does the specific nature of Nazi euthanasia and its memory call for a critical re-examination of established terms such as 'postmemory'? And thirdly, what are the implications of this turn to Nazi euthanasia for the discourse on German victims on the one hand and for increasing awareness of disability issues in today's society on the other? In order to appreciate the significance of the topic's re-emergence in German memory discourse, it is necessary to understand how and why it came to occupy such a marginal position in the post-war period.

## The Post-War Memory of Nazi Euthanasia

Several legal and cultural factors have contributed to the decoupling of the Nazi euthanasia programme from the discourse and memory of the Holocaust. The most significant of these is the lasting assumption that the eugenic policies behind the euthanasia programme were in some way justifiable from a medical standpoint. As a result, its victims have never been granted equal status among those persecuted by the Nazis. An example of this is the decision at the Nuremberg trials to exclude the Nazi euthanasia programme from the purview of the court. This decision reinforced the idea that the euthanasia programme constituted a medical intervention rather than murder.<sup>10</sup>

The prosecution of the perpetrators and the rehabilitation and compensation of the victims is seen as an integral part of the public process of acknowledging and working through the crimes of the Nazi era. However, in the case of the perpetrators of euthanasia in both parts of Germany, the post-war prosecution was extremely lenient, and most of the doctors and nurses involved were able to carry on working in their profession – even those indicted were not stripped of their medical licenses<sup>11</sup> – largely due to the widely held opinion that their guilt was less easily determinable. The absence or avoidance of a public engagement with the role played by the medical profession in the euthanasia crimes also hindered the establishment of a proper politics of compensation: while the perpetrators were exculpated and continued to enjoy high social status, their victims were excluded from any form of juridical or social acknowledgement or financial recompense.

Furthermore, in many cases, the very doctors and nurses who had been involved in the Nazi euthanasia programme and who had been allowed to continue practicing medicine after the end of the Second World War served as expert witnesses in compensation suits filed by their former

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<sup>9</sup> Breznik (2002); Degen (2005); Schneider (2008).

<sup>10</sup> Snyder and Mitchell (2006), p. 102.

<sup>11</sup> Roer (2005), p. 192.

victims.<sup>12</sup> The more than 350,000 victims of coercive sterilisation and the circa 300,000 victims of Nazi euthanasia were excluded from the Federal Law for the Compensation of the Victims of National Socialist Persecution (*Entschädigungsgesetz*) of 1953 because they were not considered part of this specific form of racial, religious, or political persecution. The Nazi Sterilisation Law (*Gesetz zur Verhütung erbkranken Nachwuchses*) of 1933 was only officially declared unconstitutional as late as 2007. However, even this did not entitle its victims to compensation under the *Entschädigungsgesetz*, as their deaths were still not considered to have been racially or politically motivated. This changed in 2011, when the German parliament decided to grant the victims of Nazi euthanasia equal status to those of other Nazi crimes. It is too early to say to what extent this decree has been put into practice.<sup>13</sup> The German Society for Psychiatry, Psychotherapy and Neurology (*Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde DGPPN*) refused to officially acknowledge the responsibility of German psychiatrists for the crimes committed in the name of Nazi medicine until 2010.<sup>14</sup> In May 2012, the German Medical Association (*Bundesärztekammer*) followed suit and issued a formal apology for its role in the mass murder, sterilisation, and medical experiments carried out on Jews and many other groups during the Third Reich.<sup>15</sup>

Apart from these legal issues, there are also cultural reasons for the marginalisation of this particular memory. The most significant problem in this context is the lack of a lobby to promote the interests of the victims of coercive sterilisation and Nazi euthanasia. As cultural historian Wulf Kansteiner argues, marginalised groups can only contribute to the national memory 'if they command the means to express their visions and if their vision meets with compatible social or political objectives and inclinations.'<sup>16</sup>

Victims of euthanasia face several challenges in this context. Firstly, while one could potentially speak of a 'group identity' when referring, for example, to homosexuals or Sinti and Roma as victims of Nazi persecution, it is highly problematic to speak of the diverse victims of Nazi euthanasia as one homogeneous group. Secondly, there are hardly any survivors of or witnesses to the euthanasia programme who could have raised their voice and made their stories heard.<sup>17</sup> Thirdly, the *Bund der "Euthanasie"-Geschädigten und Zwangssterilisierten* (BEZ) (Federation of Victims of Euthanasia and Forced Sterilisations), founded in 1987 to assist victims and family members of victims with legal and administrative matters, is the only national network or organisation dedicated to the victims of Nazi euthanasia. The BEZ was instrumental in pushing

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<sup>12</sup> *Ibid.*, and Surmann (2005).

<sup>13</sup> See Frewer and Eickhoff (2000); Surmann (2005); Scheulen (2005); and Westermann (2010). On the latest developments in this matter, see the website of the *Arbeitsgemeinschaft Bund der "Euthanasie"-Geschädigten und Zwangssterilisierten* (AG BEZ), [www.euthanasiegeschaedigte-zwangssterilisierte.de](http://www.euthanasiegeschaedigte-zwangssterilisierte.de) (accessed 28 March 2013).

<sup>14</sup> This was done at a memorial conference hosted by the DGPPN; for the proceedings, see Schneider (2011). See also the article by René Talbot in this volume, pp. 190-1.

<sup>15</sup> 115. Deutscher Ärztetag (Nürnberg, 22-25 May 2012), 'Nürnberger Erklärung', [http://www.bundesaeztekammer.de/downloads/115DAeT2012\\_NuernbergerErklaerung.pdf](http://www.bundesaeztekammer.de/downloads/115DAeT2012_NuernbergerErklaerung.pdf) (accessed 28 March 2013); see also 115. Deutscher Ärztetag, 'Stenografischer Wortbericht', pp. 136 and 165, <http://www.bundesaeztekammer.de/downloads/115wortberichts.pdf> (accessed 28 March 2013).

<sup>16</sup> Kansteiner (2006), p. 18.

<sup>17</sup> Noteworthy exceptions include the testimonies collected in Hamm (2005), as well as Nowak (1998), Kaufmann (2007), Müller (2002), and Manthey (1994).

through the new legislation granting compensation to the victims, but it is difficult to assess its influence in promoting commemoration. To a large extent, commemoration is the result of the work of small groups and individuals on a local or regional level. Finally, the memory of Nazi euthanasia is haunted by the present, as it were – by the fact that to this day people with disabilities must still contend with pervasive cultural prejudice and stigmatisation. The tendency to evaluate a human life according to its socio-economic ‘usefulness’ and the insistence on defining mental illness as a deviation from, or as a threat to, established norms contribute to a continuing marginalisation of disabled people and an uncertainty regarding interactions with them. The steadfast belief held by many that disability must be ‘cured’ rather than accommodated tacitly affirms eugenicist notions that a disabled life is ‘not worth living’. All these issues have made the search for adequate means of representation and forms of commemoration for the victims of Nazi euthanasia a considerable challenge.

The inclusion of the euthanasia programme in the discourse on the Holocaust is a crucial first step towards understanding the scientific processes that led up to it. The euthanasia programme is in many ways the ‘missing link’ between the Holocaust and the international eugenics movement, which had broad support in the United States, Great Britain and other European countries. This in turn creates a connection between the Nazi genocide and other forms of racism and bio-politics – connections which are beginning to be explored by scholars such as Snyder and Mitchell, and Rothberg.<sup>18</sup> Even so, there appear to be institutional impediments to a comparative transnational scholarship about the eugenics movement and its relationship to the euthanasia programme and the Holocaust.

Overall, the history and memory of Nazi euthanasia continues to occupy a marginal place within academic scholarship. Even though the topic is relevant for a number of disciplines and fields, it has so far largely fallen through the cracks between them. With a few notable exceptions, such as Friedlander, Burleigh and Klee,<sup>19</sup> historical engagements with the topic have been limited to the field of medical history, and even here, as Snyder and Mitchell argue, ‘like eugenics before it, Nazi medicine has been chronicled as an unprecedented aberration of the healing professions.’<sup>20</sup>

Nazi euthanasia is thus doubly bracketed off: first, it is seen as a medical issue rather than a political and cultural one, but then as a medical issue it is seen as aberrant and unassimilable to the history of Western medicine. From the perspective of Holocaust and memory studies, the memory of Nazi euthanasia occupies a blind spot not only because the euthanasia programme has not typically been seen as part of the Holocaust, but also, and perhaps primarily, because of the complete lack of testimony by survivors and witnesses. It is bitterly ironic that a discipline as intensely concerned with the aporias of witnessing and testimony as memory studies has almost completely ignored those victims who are least able to testify to their suffering.

As I have indicated, the recent increase in attention to the memory of Nazi euthanasia in Germany invites reflection on the position of people with physical and mental disabilities in today’s society. It is all the more striking, then, to note that the growing field of disability studies has all but ignored this topic as well as the transatlantic eugenics movement as a whole. There

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<sup>18</sup> Snyder and Mitchell (2006); Rothberg (2009).

<sup>19</sup> Friedlander (1995); Burleigh (1994); Klee (1983).

<sup>20</sup> Snyder and Mitchell (2006), p. 104.

are two possible reasons for this oversight, the first being the discipline's roots in the North-American disability rights movement, with its focus on present-day issues and on public policy. The second is that in its more historical and cultural dimension, disability studies have primarily concerned themselves with cultural codifications of physical disability.<sup>21</sup> Such a focus precludes the majority of the forms of disability and illness which the Nazis considered to be hereditary.

### The Memorialisation of Nazi Euthanasia

The past decade has seen an increase in the attention garnered by the history and memory of the Nazi euthanasia programme in public German discourse, to a large part due to the work of artists and authors whose work challenges the *de facto* separation between the discourses on euthanasia and the Holocaust and who bridge the gap between the local specificity of this memory and its national relevance. Certainly the most visible traces of this development are the Monument of the Grey Buses, designed in 2005 by the artist Horst Hoheisel and the architect



(Main photo) The Monument of the Grey Buses in Ravensburg-Weißenau: the passageway through the middle of the bus. (Insert) Horst Hoheisel (left) and Andreas Knitz (right) install the 'Moving Bus' on the Schlossplatz in Stuttgart.

<sup>21</sup> Studies of disability that do discuss issues of eugenics and euthanasia include Davis (1995), Snyder and Mitchell (2006), and most recently Poore (2007).

Andreas Knitz, and Gunter Demnig's *Stolpersteine* (stumbling blocks). Both of these return something that has been repressed to the urban and rural landscape and make people aware of the forgotten history of their immediate everyday surroundings.

In the case of the Monument of the Grey Buses, the physical means of the victims' deportation is recalled: the grey buses used to deport patients from psychiatric institutions to the Nazi euthanasia killing centres. Concrete replicas of these buses are split down the middle and visitors can walk through the narrow space and read the inscription: '*Wohin bringt ihr uns?*' (Where are you taking us?), echoing the words reportedly spoken by a patient about to be transported to the euthanasia killing centre at Grafeneck in southern Germany.<sup>22</sup> The first bus stands at the *Zentrum für Psychiatrie* (Centre of Psychiatry) Weißenau in Ravensburg to commemorate the deportation of more than 550 of its patients to Grafeneck in 1940.

The second bus is not rooted in one place, but is conceived as a moving memorial that travels from place to place. Originally, the plan was for the second grey bus to remain within Baden-Württemberg as a carrier of regional memory and visit all the places from where patients were deported to Grafeneck. Within the first year, however, the moving memorial caught the attention of the *Gedenkort T4* initiative in Berlin who wanted to bring the bus to the Tiergartenstraße. For a year, from January 2008 to January 2009, the bus was 'parked' in front of the Berlin Philharmonic, which is built partly on the grounds that formerly housed the central administration of the euthanasia programme. Since then, Hoheisel and Knitz have been inundated with requests to bring the moving memorial to towns, museums and sites connected to the memory of euthanasia all over Germany.<sup>23</sup> The memorial has a kind of snowball-effect: not only do local institutions, organisations, and groups have to collaborate to organise and finance the visit of the memorial to their town at a grassroots level, but it also often serves as an impulse for further memory work, such as conferences, films, school projects, religious services, or scholarly work on individual victims and perpetrators. In this way, the process of commemoration is continually renewed and expands from these local initiatives to form a network that will eventually span all of Germany and even beyond.<sup>24</sup> A powerful image, the bus may well become the key symbol of the memory of Nazi euthanasia.

Gunter Demnig's *Stolpersteine* likewise rely on the initiatives of individuals and groups to preserve the memory of an individual victim of Nazi persecution, in this case by commissioning one of the brass-covered cobblestones engraved with the names of victims and the date of their death.<sup>25</sup> These stones are embedded into the pavement directly in front of the house where the person lived. While passers-by 'stumble' momentarily over these stones, stopping for a brief moment of remembrance, the present-day occupants are now constantly and uncannily reminded of these buildings' history. Initially conceived as an art project limited to the cities of

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<sup>22</sup> Hoheisel and Knitz (2007), p. 70.

<sup>23</sup> Subsequent stops on the bus's continuing journey have included Brandenburg an der Havel, Stuttgart, Neuendettelsau, Pirna/Sonnenstein, Cologne, and Zwiefalten, in the immediate vicinity of Grafeneck. Future destinations will include other former euthanasia killing centres or institutions implicated in the euthanasia programme in Germany and Austria, and there are even plans to take the memorial to Poznań in 2013 to commemorate the murder of Polish psychiatric patients. See also Hoheisel and Knitz (2012).

<sup>24</sup> *Ibid.*, pp. 8–20. See also Stefanie Endlich's discussion in Endlich (2012).

<sup>25</sup> For more information, see <http://www.stolpersteine.com> (accessed 28 March 2013).



The stumbling block in memory of Anna Lehnkering on the day of its installation in Mülheim an der Ruhr, April 2009.

person or entity. All stones look the same, with slight variations in the engraved text. At €120 per stone, it is feasible even for small groups or individuals to commission one. In a manner similar to the Grey Buses, the stumbling blocks are a decentralised and essentially localised memorial (they can be found even in the smallest village) that nonetheless always points to the national or even transnational significance of Holocaust memory.<sup>26</sup>

If a memorial is to be judged according to the reactions and actions it provokes, in terms of dialogue or debate, commemorative or educational projects, then the concepts behind the moving Grey Buses monument and the stumbling stones are indeed compelling: they make people aware of the forgotten or repressed history of their immediate surroundings. Most importantly, they transfer the duty of commemoration to the public. The Monument of the Grey Buses does that quite literally: once it has moved on, only the empty concrete base remains. The people must re-create the memorial in their heads. The stumbling blocks also prompt various forms of engagement, in the form of on-going commemorative or documentary projects.

Cologne and Berlin, the *Stolpersteine* have long become famous and Demnig (who is still the only one to engrave and place them) cannot keep up with the many requests he receives. By early 2012, Demnig had placed more than 35,000 stones in over 750 towns in Germany and in several countries that were occupied by the Nazis. The waiting time is almost a year. All groups persecuted by the Nazis are included in this memorial project, Jews, anti-Fascists, Jehova's Witnesses, homosexuals, Sinti and Roma, the victims of Nazi euthanasia, and essentially anyone who suffered during the Nazi regime. Since it is the family members or interest groups who commission the stones, the decision as to whom to commemorate is not made by Demnig or any other single

<sup>26</sup> For a thorough discussion of Demnig's project, see Imort (2010). In conjunction with Demnig's project, several books have been published that tell the hitherto unknown life stories of victims, see, for example, Meckel (2006). There is also a recent documentary film about the stumbling blocks: *Stolperstein*, Documentary film, Germany 2008. Directed by Dörte Franke.



## Reconstructed Biographies

Successful and thought-provoking as they are, the Grey Buses monument and the stumbling blocks mainly commemorate an absence: they point to the fact that we may never know all the names of the victims or the stories behind the names. Likewise, they can only indirectly raise questions about issues such as the on-going stigmatisation of people with disabilities today, assuming the responsibility of remembering euthanasia has to be accompanied by a process of questioning society's and one's own stance towards disability and mental illness. A number of authors have attempted to recover the stories of victims of the euthanasia programme through literature. Each in their own way, they thus fill in some of the gaps to which the two memorials call attention. Without exception, these are hybrid texts, comprising elements of journalism, archival research, biography, autobiography, fiction and historiography. They all involve techniques of remediation and are extremely self-conscious about the act of writing and reconstructing these life stories. Furthermore, they are equally concerned with the present as they are with the past, and with the ways in which the topic of euthanasia is relevant to contemporary political, religious, cultural, and personal issues, thus creating a sense of 'the past in the present' that prompts readers to confront and question their own biases and prejudices.

Some of these texts, like Sigrid Falkenstein's *Annas Spuren*, are written by relatives of victims,<sup>27</sup> and therefore constitute acts of what Marianne Hirsch has famously called 'postmemory', which she describes as a space of remembrance, identification and projection that can serve as a model of an 'ethical relation to the oppressed or persecuted other'.<sup>28</sup> Hirsch draws on Kaja Silverman's concept of 'heteropathic recollection', a process of 'identification-at-a-distance', which resists a complete appropriation of the other, but nonetheless partly aligns it with the self. The question of the author's ethical responsibility towards the victims for and of whom he or she speaks is particularly vexed in the case of the memory of Nazi euthanasia. There is always a danger of merely ventriloquising or of appropriating another person's suffering, effectively negating their voice by superimposing one's own. This becomes acutely relevant where there is no testimony, no first-person account or trace of the victim's voice that has remained. Here, for the most part, there is nothing except the overwhelming silence of the families and the harsh and impersonal words of the perpetrators. The self-reflexivity of these texts is an indication of the authors' attempts to achieve a level of transparency in their method that will allow the individuality of the victims to come to the fore.

Like memorials such as Demnig's stumbling blocks, the memoirs written by family members of victims can be seen as part of a fundamental shift in German memory culture. On the one hand, they are a similar type of grassroots initiative, but, as the case of Falkenstein's book shows, they nonetheless gain a readership beyond the regional level and inspire further commemorative work as well as educational activities. On the other hand, these texts must also be seen as an alternative or even challenge to the established genre of Holocaust literature. The hybridity of these texts, the difficulty of aligning them with any established genre or form, is common to much of second or third generation Holocaust literature. What distinguishes them from Holocaust literature, however,

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<sup>27</sup> It is, however, a unique characteristic of the literary memory of Nazi euthanasia that a significant portion of the texts is written by individuals who have no direct familial ties to the victims. I have discussed this form of literary commemoration, which I have called 'vicarious witnessing', elsewhere: Knittel (2010).

<sup>28</sup> Hirsch (1999), p. 9.

is that the single most important document is invariably the medical file compiled by the perpetrators. Essentially, these texts are thus a combination of the literary case history (*Fallgeschichte*, *Kasus* or *Psychopathographie*), which has a long tradition especially in German literature<sup>29</sup> and the multigenerational Holocaust memoir. Eva Kuttnerberg has made a compelling case for the genre of the case history as a useful prism through which to approach texts of this sort in her analysis of Melitta Breznik's *Das Umstellformat*, a powerful fictionalised account of the author's search for her grandmother who was killed in the decentralised phase of the euthanasia programme.<sup>30</sup>

While early literary adaptations of case histories often aestheticise them, the Nazi euthanasia case histories are a much more problematic document that cannot be easily assimilated into the narrative. Far from producing a unified, homogeneous and aesthetically streamlined narrative, a central concern for the authors of these case histories, such as Falkenstein or Dapp, is to emphasise the aporias between the different types of documents and different strands of the narrative, between the words and perspective of the perpetrators, those of the family, and, if at all possible, those of the victims themselves. This multiple refraction, a critical distancing from the words of the perpetrators, allows the authors not only to show how the victims, once deemed 'unfit' or 'abnormal', were caught in a deadly web of denunciation and diagnosis, but also to alert readers to continuities of (verbal) stigmatisation today. Thus, the individual case history sheds light on the complicity of an entire profession as well as on a dark chapter of national history. In a sense, the psychopathography presented in these texts is that of an entire nation, not just of a particular individual.

Because the topic of Nazi euthanasia is so inextricably bound up with stereotyping and taboo, the authors of these euthanasia memoirs have to contend with significant resistance within their families as well as on a more general, societal level. As these texts show, the engagement with the topic on the level of the individual families is haunted by guilt, embarrassment and insecurity: guilt about not having saved the victims and about keeping silent for so long, embarrassment about having to live with the stigma of hereditary mental illness, and insecurity not only about the actual nature of the victim's illness, but also about whether or not it truly is hereditary and thus liable to recur, which means that the authors themselves must come to terms with the place of mental illness in their own history.

## Emma Z.

The format and structure of Falkenstein's memoir of her aunt Anna is closely analogous to that employed by Hans-Ulrich Dapp in his memoir of his grandmother Emma. Even the titles are strikingly similar. Indeed, Dapp's book provided the blueprint for many of the recovered biographies of euthanasia victims that have since been written, primarily by family members. Apart from the formal aspects, Dapp's text is especially notable for its indictment of the persistence of Nazi terminology and thinking long after the end of the Third Reich. He shows how the shift in moral perspective, marked by the so-called 'hour zero' of 1945, was only superficial, resulting in a repression rather than a working-through of the Nazi past.

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<sup>29</sup> Prominent examples include Goethe's *Werther*, Büchner's *Woyzeck*, and Moosbrugger in Musil's *The Man Without Qualities*. For more on this question, see Ralser (2006) and Kosenina (2009).

<sup>30</sup> Kuttnerberg (2011); see also Breznik (2002).

The first time Dapp ever heard about his grandmother was in 1967, when he was 18 years old, and his mother explained that her mother-in-law

had been schizophrenic as a result of inbreeding in her family, had had a child out of wedlock after the death of the parish priest, her husband, and had finally been gassed by the Nazis. That is why it was so important to keep bringing new hereditary material [*frisches Erbgut*] into the family.<sup>31</sup>

The uncritical parroting of Nazi rhetoric more than two decades after the fall of Nazism is shocking and reveals a fundamental inability to question the precepts of eugenic thinking and a refusal to accept any kind of responsibility for Emma's fate, instead blaming the victim for her own demise.

More than 20 years later, on the occasion of Emma's 100th birthday and the 50th anniversary of her death, Dapp begins investigating the details of his grandmother's life and death. Emma Zeller grew up in Stuttgart as the youngest daughter of a strictly pietist Swabian family that was very proud of their lineage that could be traced back as far as 1538. She was married to Eugen Dapp, a Lutheran pastor, in 1912. After losing one of her sons and her husband during the great influenza pandemic of 1918, she remained a widow with three small children and struggled hard to feed her family in the dire years after the First World War. Her family judged her a 'sloppy' housekeeper and mother. Her illegitimate pregnancy in 1928, ten years after her husband's death, was the source of a family scandal – her sister and father decided to take the 'necessary' steps. Emma was placed under tutelage and locked up in various homes and institutions; her children came to live with their aunt. The family explained Emma's 'disgraceful misbehaviour' as caused by a hereditary mental condition: because her parents had been cousins and her brother Karl had been diagnosed with schizophrenia, she was suspected of being afflicted with a similar hereditary mental weakness. Emma spent the remaining years of her life in the psychiatric institution Weißenhof in Weinsberg in Baden-Württemberg, from whence she was deported on 4 June 1940. She was gassed and cremated that same day at the killing centre at Grafeneck.

Writing out the details of Emma's death is a work of belated mourning. However, it is also more than that. Emma's grandson becomes a chronicler and writer not only in order to testify for Emma who did not live to tell her own story, but also to reveal and write against the family's prejudice concerning Emma and the repression of her story. By asking not only *how* this could have happened but also *why* it happened and who was responsible, Dapp investigates the role Emma's family played in these events. Who determined that Emma was mentally ill? What were her symptoms?

Dapp is unable to find any concrete information about how her illness exactly manifested itself; her letters, the only documents written in her own hand, show no sign of illness. The only plausible reason for her deportation from Weinsberg, Dapp concludes, must have been the fact that she was a long-term patient, since she had been in the institution for 12 years. Amongst all these various insecurities, one question emerges as the most pressing: could Emma have been saved? Did Emma's sister Helene, a celibate deaconess, fulfil her own desire to be a mother by raising Emma's children and declaring her sister 'unfit' to raise them herself? Helene's meticulous diary gives insight into Emma's world: a strictly Pietist family in which aberrant behaviour was considered

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<sup>31</sup> Dapp (1990), p. 7. Unless otherwise indicated, all translations from the German are my own.

‘abnormal’ or even ‘sick’. However, none of Emma’s medical documents are clear regarding her correct diagnosis: at times the doctors wrote simply ‘psychopathy’, which is not a hereditary illness, and at others ‘hereditary feeble-mindedness’ or ‘psychopathological instability’. It seems that while the doctors were unsure regarding Emma’s diagnosis, the family had already determined that her behaviour was reason enough to have her permanently institutionalised. Dapp writes:

In the Zellers’ sense of themselves as a family, a great deal of importance was no doubt placed on positive and negative hereditary factors. The fact of belonging to a clan rich in traditions became the norm, perhaps even the oppressive set of expectations of the children. [...] and so individual idiosyncrasies may quickly be diagnosed as ‘hereditary illnesses’. Just how much rivalry, how much sexual anxiety and envy can lie behind such a diagnosis, becomes terribly clear when you consider Emma’s life. And when this familial tendency towards pride and worry for their lineage meets a State ideology of race, blood and soil, degeneration, eugenics and euthanasia, then the ‘defective’ ones must fear for their lives.<sup>32</sup>

The book documents its author’s startling realisation that his own family could possibly have saved Emma by bringing her home or having her transferred – as they saved her brother Karl by transferring him to a different home a few weeks after Emma’s death. The ambivalence towards Emma that was in line with Nazi ideology on the one hand and the underestimation of the concrete danger that was looming on the other sealed Emma’s fate. One of Helene’s letters demonstrates this ambivalence towards her sister: even though she is distraught about Emma’s murder (she does not doubt it was murder), Helene justifies her own actions by insisting that Emma was ‘ill, always a difficult person’. Echoing Nazi terminology, she writes that Emma’s death was ‘a release [*eine Erlösung*]’.<sup>33</sup> Dapp’s book is one of very few texts to investigate not only the ostracism of a ‘deviant’ family member by actions and decisions that ultimately proved to have fatal consequences, but also the on-going prejudices in the family that prevent commemoration.

## Anna L.

Anna Lehnkering was born in 1915, and Falkenstein presents her first and foremost as a victim of the dire social conditions during her childhood – the poverty and hunger of the immediate aftermath of the First World War, her father’s alcoholism and premature death, and the immense difficulties faced by her mother left to run the family’s inn by herself with four children to feed. At the age of 7, Anna lost her right eye after falling into a bush. All of this turned young Anna into a fearful, insecure child with severe learning difficulties. She was taken to various doctors who diagnosed her as ‘weak’ and ‘feeble-minded’, and was placed in a special school (*Hilfsschule*). The designation ‘hereditary’ was added to the diagnosis in 1934, when Anna was examined for her coercive sterilisation, even though there was no evidence of the heredity of her ‘disease’ or of other family members with hereditary illnesses.

Whereas Dapp is able to draw on a large body of correspondence written by his grandmother during her institutionalisation, which allows Emma to speak in her own words through his text, Sigrid Falkenstein faced much greater problems writing the biography of her aunt. Anna never

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<sup>32</sup> *Ibid.*, p. 21

<sup>33</sup> *Ibid.*, p. 107.

wrote any letters, or if she did, they have not survived. The only statements of Anna that have been preserved are short answers to a standardised intelligence test that was instrumental in her institutionalisation at Bedburg-Hau in 1936. The test was the only basis for the diagnosis and consisted of simple mathematical problems, general knowledge questions, and abstracting similarities and differences between two terms, such as ‘What is the difference between a child and a dwarf?’ and ‘What is the difference between a staircase and a ladder?’ The administrating physician’s notes indicate that she thought very carefully about these questions before answering: ‘Children go to school and dwarves wear pointy hats’ and ‘With a staircase you can hold on to the bannister, a ladder you have to put up.’<sup>34</sup> These responses were deemed unsatisfactory and, coupled with her poor performance on the maths questions, were seen as evidence of feeble-mindedness.

In terms of giving us access to Anna as a person, these two short sentences are not much to go on. But they are nonetheless of considerable significance. As Falkenstein repeatedly emphasises, the only way for her to gain a sense of her aunt’s personality is by extrapolating from her medical case history, i.e. from official, bureaucratic documents pertaining to the very system that led to her death.

Here is a young woman who from the age of 6 spent her short life being sent from institution to institution and being continually evaluated and found lacking. The descriptions of Anna contained in her medical evaluations are overwhelmingly negative, curt and impersonal. This is what makes Anna’s responses to the intelligence test so tantalising in their promise of ‘immediacy’ and ‘closeness’.<sup>35</sup> But even these words are recorded by the hands of the perpetrators and predetermined by the structure of the test. It is a tiny instance of individuality which is immediately punished by the system. Anna’s identity is not only filtered through the bureaucratic language of the system that killed her, it is also available to us only through Sigrid Falkenstein’s mediation.

At every point, Falkenstein is explicit about the sources from which she is extrapolating the details of Anna’s life and death. Every statement is predicated with phrases such as ‘*es wird protokolliert, dass...*’ (it is recorded that ...), ‘*Begriffe wie ... werden verwendet*’ (terms such as ... are used), or ‘*es ist im Krankenblatt vermerkt*’ (it is stated in the patient’s medical records). These sentences are all written in the impersonal passive voice, which contrasts sharply with the personal form of address Falkenstein adopts in relation to Anna. The entire book is written in the form of a letter to her dead aunt; each section begins with the phrase ‘Dear Anna’, and all statements about her are made in the second person singular. At no point does Falkenstein reflect on her decision to write the book in this epistolary form, but it is clearly an attempt to overcome the impersonal and de-humanising language of the documents and establish an interpersonal connection that she was denied. In choosing to address Anna directly, she consciously relates to her as a person in an attempt to recover the human being behind the case history.

The decision to stage a dialogue in which the victim is continually addressed as an equal may be seen as a deliberate attempt to avoid the charge of speaking *for* Anna in the sense that is incisively problematised by theorists such as Gayatri Spivak in the context of postcolonial and feminist studies.<sup>36</sup> As Spivak argues, any representation of an oppressed and silenced other is constantly at risk of merely repeating the very silencing it aims to combat. In the case of Nazi

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<sup>34</sup> Falkenstein (2012), pp. 91–2.

<sup>35</sup> *Ibid.*, p. 92.

<sup>36</sup> See, among others, Spivak (1999).

euthanasia, the silence of the murdered victims is compounded by the silence imposed on people with disabilities by contemporary society's myopic focus on productivity and achievements. Falkenstein does everything in her power to create a space for Anna's voice, but ultimately, no matter how hard she tries to include Anna in the conversation, the silence of the other ultimately remains even more deafening, precisely because Anna cannot ever participate in this dialogue. It remains insurmountably one-sided, particularly in the final sections of the book, in which Falkenstein tells Anna about her success in promoting her memory and creating a public space for the commemoration of all the victims of Nazi euthanasia.

The book is a reaction to the endemic amnesia in Germany regarding the victims of Nazi euthanasia, and at the same time it is conceived as an impulse for other families to start asking questions about the past. On her website, Falkenstein has put together a comprehensive archive of other euthanasia memoirs and online resources to do with the commemoration of victims of Nazi euthanasia.<sup>37</sup> She also includes a step-by-step guide for family members interested in finding out more about relatives who died in the euthanasia programme. Even a cursory glance at the website makes it clear that *Annas Spuren* is much more than a book: it is a campaign for a thorough-going re-evaluation and investigation of this repressed aspect of the Holocaust.

## Conclusion

It would be easy to regard the recent wave of interest in the memory of Nazi euthanasia as simply a further step in the on-going expansion of the commemoration of the Holocaust to include other minorities and victim groups. What makes it so important to include these victims in the discourse on the Holocaust and the salient reason as to why they were excluded for so long is that it necessitates a critical engagement with and re-evaluation regarding the assumptions about what the Holocaust was and how it relates to broader historical and contemporary mechanisms of othering, exclusion and prejudice.

Sigrid Falkenstein ends her book with an impassioned plea for tolerance and understanding as core values for a humane and democratic society. Such generalisations aside, however, she does not draw any explicit parallels to the situation and experience of people with disabilities in society today, nor does she reflect on how the discourse of Nazi euthanasia continues to haunt debates on assisted suicide, prenatal diagnostics and gene manipulation in Germany. The primary goal of her campaign remains the recovery of the victims' biographies and their commemoration.

No doubt, this is an important and long overdue endeavour. However, it is worth asking whether it is sufficient merely to retrieve these memories and preserve them for future generations. One might posit that the ultimate aim of Falkenstein's campaign and of a memorial project such as Demnig's stumbling blocks would be for every victim to be remembered through his or her own biography or cobblestone. But this totality of commemoration must always remain unattainable, and indeed, the incompleteness of any act of commemoration is a crucial element of it. This also means that it cannot stop there. What makes the stumbling blocks and the Monument of the Grey Buses so effective is that they generate a debate wherever they

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<sup>37</sup> 'NS "Euthanasie" Anna 1915–1940: Erinnerungsarbeit gegen das Vergessen', <http://www.sigrid-falkenstein.de/euthanasie/erinnerung.htm> (accessed 28 March 2013).

appear. Especially in the case of the Grey Buses monument, the focus is not exclusively on the victims and their identities, but also on the perpetrators and on those who collaborated with them or looked the other way.

One striking facet of Falkenstein's memoir is that while she is very careful to afford her aunt's identity and voice as much space as possible, the representatives of the system that singled her out and killed her remain almost entirely faceless and unnamed. In contrast to Dapp, who is unhesitant in apportioning the blame also to his family, Falkenstein refrains from assigning any responsibility to specific individuals.

A critical engagement with the perpetrators of the Holocaust constitutes a significant blind spot within the discipline of memory studies as a whole. There are important and well-founded reasons for the discipline's reticence to give too much space to the perpetrators. Memory studies is founded on the testimony of those whom the Nazis had tried to silence and extinguish from the earth. Hence, the primary objective was to recover and preserve the lived experience of the victims of persecution as a legitimate source of historical knowledge and to theorise the media and strategies of representation and transmission of memory. Above all, it aimed to resist the dominant narrative and challenge or invalidate the self-stylisation of the perpetrators. For decades after the Holocaust, any attempt to understand the events from the perspective of the perpetrators, any too earnest an attempt to investigate their motives, was viewed as morally suspect, as if there were a danger of reaching a point where their actions became understandable, and hence, pardonable.

However, especially in the case of Nazi euthanasia it is imperative that we look closely and critically at the motivations and the reasoning behind the actions of the perpetrators. Only then can we really understand and challenge the implicit distinction made between the euthanasia programme and the Holocaust on the grounds that the former was medically justified. It is this implicit distinction which allows Giorgio Agamben, for example, to state, even as he makes a strong case for not regarding the euthanasia programme as separate from the Holocaust, that

[t]here is no reason to doubt that the 'humanitarian' considerations that led Hitler and Himmler to elaborate a euthanasia program immediately after their rise to power were in good faith, just as Binding and Hoche, from their own point of view, acted in good faith in proposing the concept of 'life unworthy of being lived'.<sup>38</sup>

Certainly it would be outrageous for anyone to make a similar claim regarding the 'humanitarian' motivations for the Final Solution. And yet, the convictions that led Hitler and Himmler to plan and execute the Holocaust cannot have been any less firmly held than those that lay behind the euthanasia programme. Nevertheless, the ostensibly medical justification for the latter appears to us more convincing. The reason is that we still find it necessary to deem some lives 'worth living' and others not. This is all the more reason to take Agamben's statement seriously. The Nazi perpetrators presented what to their mind were sound medical and humanitarian justifications for their actions. However, the lesson of this fact should not be how deluded and evil they were, but rather how these questions continue to be relevant today in legal, medical and bio-ethical discourses. The memory of Nazi euthanasia compels us as memory scholars to look beyond the established boundaries of our field and participate in discourses of contemporary issues.

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<sup>38</sup> Agamben (1998), p. 140.

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