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"Nichts über uns ohne uns!": Inclusion and Exclusion of People with Disabilities in Post-War Germany, 1945-1989

By

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ABSTRACT

This thesis explores aspects of inclusion and exclusion of People with Disabilities in post-war. Germany from the end of the Second World War until reunification in 1989. It examines the disability politics of West Germany and East Germany in a comparative fashion, and through doing so finds a blatant disregard for the well-being of people with disabilities on both sides that serves as a continuation of both pre-war and war-time values. Additionally, it is clear that the policies affecting disabled people play a part in Cold War discourse and are used as a means to an end either in favor of democracy or communism. Provisions that are made are not necessarily made for the good of the vulnerable but for the advancement of national identity. This project ultimately finds that full inclusion is oftentimes lacking, due to a combination of indifference or lack of resources. The developments made are hardly stable or consistent and eventually come to amount to very little amid the reunification of Germany.

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INTRODUCTION

A chair looking carefully
A chair is a chair is a wheelchair
A judgment is a judgment is a
mis-judgment (prejudice)
A disability is a disability is a
State-sponsored measure[1]

The poem presented here gained popularity among disability rights activists in Germany in 1997, after the Federal German Court ruled that disabled children did not have the right to an integrated education and may be forced to attend separate special education schools, even if the child's disability does not affect their learning capacity. In the poem, we can see aspects of everyday life- a chair, a judgment, a disability- suddenly become large problems to be dealt with by figures of authority. Particularly important are the last two lines, where disability transforms from being a fact of one's life to something to be controlled by the State, which in turn controls the life of the person with the disability.[2] In the context of the poem and the time that it was widely circulated among disability rights groups, a young girl was being pulled out of the regular school system and placed in the separate, special school system for students with disabilities. The agency of the girl and her parents was taken away, and her life became something to be controlled by the government in ways that should not have been necessary.

Further, the poem and its popularity within disability circles reflects an important point of their existence. In post-war Germany, these people did not have equal rights by the law, nor was their sense of belonging to their national community fully fostered. Rather, they continued to face ableism, or prejudice solely on the basis of their disabilities, on all levels of their lives. The state which was tasked with protecting citizens and making sure they had equal access

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[1] Unpublished poem by Tanja Muster, trans. Katharina C. Heyer, quoted in Katharina C. Heyer, "The ADA on the Road: Disability Rights in Germany," *Law & Social Inquiry* 27, no. 4 (2002): 723–62.

[2] Throughout this thesis, I will use the terms "people with disabilities" and "disabled people" interchangeably, though I recognize the usage of such terms is continually discussed in Disability Studies circles.

failed to do that job, and people were forced to advocate for themselves, often to a group of people who had no interest in hearing them.

This thesis has two main arguments. First, I argue that the discrimination faced by disabled people is a continuation of pre-war and wartime values. This lack of significant consideration for reform in disability politics led first to the exclusion of disabled people from Holocaust justice, and then from the most crucial aspects of everyday life, namely in the sectors of education, labor, and housing. Secondly, I argue that while the two divided German states had differing political ideologies and saw themselves as engaged in the fight for either democracy or communism, the lack of concrete action and resources meant that the ideological background had little lasting effect on the rights of disabled people and their lives in practice, regardless of what may have been established legally on paper.

In exploring these areas in the two German states in a comparative fashion, this thesis draws heavily on the disciplines of law, Disability Studies, and studies on Special Education in addition to history. It is divided into two chapters, the first concerning post-war prosecutions and reparations, and the second with aspects of everyday life for disabled people in both West and East Germany, with further subsections on the realities of labor, education, and conditions in care and living institutions for people with disabilities. Though these issues are deeply intertwined with each other, I deal with them separately in an attempt to create a clear picture of each sector, while still emphasizing the role each issue has on the others.

A Note on Terminology and Limitations

As stated previously, this thesis deals with the topics of victimhood and reparations for Holocaust victims in the post-war period. Naturally with this topic, it is impossible to cleanly separate which victims were targeted for their disabilities alone. For this reason, I would like to make it abundantly clear that when dealing with the research in Chapter 1, I have focused on victims present in hospitals and medical institutions, as well as those sterilized under the Law for the Prevention of Genetically Diseased Offspring. As a researcher, I am entirely aware that many people were placed in these institutions without having a disability. However, as it would be impossible, and unethical, for me to decide who does and does not 'count' as a disabled victim, I have relied on this framework. Even if the people discussed were not disabled or would not have classified themselves as such, they were considered to be that way under the law at the time and received the same treatment that people with disabilities in Nazi Germany would have received, differences in survival chances vis-à-vis ability to work notwithstanding.

Likewise, important disability studies terms will be explained either in the text or within a footnote throughout the thesis as needed, with the positioning determined by myself when considering the level of importance for the section and thesis as a whole. Debates in Disability Studies concerning the best practices in referring to disabilities and disabled people are also dealt with in the footnotes of this work. Lastly, on the issue of terminology, quotes from original sources may contain ableist ideas and language. As translations of German language sources are my own unless stated, I have chosen to use today's accepted language except for where I felt that doing so affected the connotation of the material referenced in a way that may change the meaning.

Limitations of this thesis are another concern to be addressed. Many times throughout this work, archival sources are quoted from secondary literature. Most of the time, this is a legal issue, especially within chapter one. German law prevents the names of people who have been acquitted for their crimes from being released, and as such, is very strict on who may have access to those archives. This issue is heightened by the fact that this thesis deals with the post-war era, as there is a likelihood that the prosecuted are still alive, and Germany has a legal obligation to protect them.

The other few times that this takes place has to do with the accessibility of sources. I have conducted this research as a student who uses a wheelchair, and even when archives themselves are accessible, the act of traveling to them is made much more difficult and costly with a wheelchair than it would typically be. Therefore, when I was able to find quotes from archival sources in the secondary literature that helped answer my research questions, I took advantage of them in that manner. I believe that there is some additional value in disabled people writing the history that belongs to them, and I do not believe that this approach has sacrificed the quality of my work.

Historiographical Review

While focusing on disability is a relatively new trend in scholarship, there certainly have been some influential names who have begun shaping the field. For example, Rosemarie Garland-Thomson's article "Feminist Disability Studies" (*Signs*, 2005) has been incredibly important in integrating Disability Studies into the humanities curriculum. Garland-Thomson argues that both approaches should be integrated, as they both challenge existing notions of the body and society. This idea follows throughout many of Garland-Thomson's works on disability in the American context and has been borrowed by scholars of disability in Germany whose works were more immediate to this thesis. Margaret Price's book, *Mad at School: Rhetorics of Mental Disability and Academic Life* has also been important to the scholarship of disability studies, as it links the assumptions that are made about children with mental disabilities to discourses of productivity and 'worthiness' to live. As we will see, even though Price again focuses on the American school system, these ideas were not unique to the US and were perpetrated in Germany too.

Other important scholars of disability and the body more broadly which offer important ideas are Rachel Adams, Benjamin Reiss, and David Serlin, who edited the foundational book *Keywords for Disability Studies.* Robert McRuer ("Compulsory Able-Bodiedness", 2019) has also offered important studies on the normative body and how it is valued within a societal or national context.

Moving to the works which this thesis deals with immediately and directly, considerable attention has been paid to the prosecution of medical doctors in the aftermath of the Holocaust. One cannot speak of the topic without crediting Paul Weindling, who has written various books and articles on the topics of Nazi medicine and post-war legacies. His books, *From Clinic to Concentration Camp: Reassessing Nazi Medical and Racial Research, Nazi Medicine and the Nuremberg Trials,* and his chapter "Too Little, Too Late: Compensation for Victims of Coerced Sterilization" in *Psychiatry and the Legacies of Eugenics: Historical Studies of Alberta and Beyond* all provide a detailed view of the legal systems and the considerations of both German and Allied judges when considering the prosecution of Nazis and the compensation of sterilized victims. I have used these works to understand how categories of victimhood were created in Post-War Germany, which ultimately enhanced my argument that disabled people were systemically excluded, as Weindling points out that other cases of sterilization outside of medical hospitals were compensated and fit into the definitions of victims.

Equally important are Susan Benedict's various studies of nursing in Nazi Germany, especially her case studies with other authors on the institution of Merseritz-Obrawalde. Her book, *Nursing in Nazi Germany and the 'Euthanasia' Programmes*, as well as the articles "Meseritz-Obrawalde: A `Wild Euthanasia' Hospital of Nazi Germany" and "Duty and 'Euthanasia': The Nurses of Meseritz-Obrawalde," not only provided further elaboration on the conditions surrounding the prosecution of nursing staff on the macro and micro levels as a secondary source but also included lengthy quotations from those on trial that I would not have been able to access on my own due to the strict nature of privacy law in Germany.

The historians discussed here have an important grounding in the historiography of Nazi medical crimes and the people who committed them. However, they fail to center the importance of the nature of the victims- that they were disabled- in their narratives. Failing to do this ignores an important aspect of the nature of victims and persecution, and misses an opportunity for more inclusive, intersectional history. The people discussed in this thesis were targeted based on their disabilities and to ignore that fact leaves the door open for future exclusion and allows prejudice on the basis of disability to continue.

Moving to the topic of everyday life for the disabled, perhaps the single most comprehensive study of disability rights explicitly in the German case is Carol Poore's *Disability in Twentieth-Century German Culture,* which, as the title suggests, explores aspects of disability through the lens of media such as literature and film. Tracing these issues from the Weimar period to the end of the twentieth century, Poore's work contributes significantly to the perceptions of disability in Germany. By reading her book, one easily gets a sense of both the way the German government(s) approached disability and how it was presented to and received by the public throughout time. This work proved invaluable for the beginnings of this research, and this thesis fills in some historical gaps and places more emphasis on disability as a practical and policy issue that researching strictly from the cultural perspective does not allow.

Of course, researching disability as a political or policy issue requires an understanding of activist spaces, their goals, and conditions at the time. Helpful in this regard was the recent German publication by Jan Stoll, *Behinderte Anerkennung? Interessenorganisationen von Menschen mit Behinderungen in Westdeutschland seit 1945.* (Recognition of the Disabled? Interest Organizations for People with Disabilities in West Germany since 1945.), published in 2017. Stoll tackles the topic of disability in a more traditional sense than Poore, beginning with the divides created between disabled soldiers and civilians in West German society, through the many feats of West German organizations for disability rights, and the place of disability rights as a “new social movement”[3] as we move past the post-war era, providing the framework to think further on the politics of intersectionality and the tensions within the disability rights movement. For Stoll, this concerns only West Germany, but this work also leaves some points that I consider for the situation in East Germany, as well as the potential for further research on disability groups after reunification.

Equally important to this study were the education specialists consulted throughout. Namely, Sebastian Barsch with his many articles and book *Geistig behinderte Menschen in der DDR. Erziehung - Bildung – Betreuung* (*Intellectually Disabled People in the German Democratic Republic: Upbringing, Education, Care*) and the project he was part of, “Menschen mit Behinderungen in der DDR” (“People with Disabilities in the German Democratic Republic”), sponsored by the German Federal Ministry of Education and Research from 2019 until 2022. Barsch and the other historians who took part in this project shed new light on educational, rehabilitative, and practical approaches to disabilities in East Germany, and the digitalization of this project provided easy access to source documents that are not always readily available online. These historians highlighted the inner workings of education policy in the German Democratic Republic and how it affected daily life from the perspectives of disabled people and their families, something that is often not readily available, as disabled people were not always able to record their experiences or have them documented by others (an issue that speaks further to their exclusion in history.)

Completing this thesis in the structure it is presented would not have been possible without an understanding of the field of education as a science in the German context before, during, and after the war. This need goes beyond my training as a historian, and to remedy that, the series of articles by Wayne L. Sengstock and his colleagues were incredibly important. “The

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[3] Jan Stoll, *Behinderte Anerkennung? Interessenorganisationen von Menschen mit Behinderungen in Westdeutschland seit 1945*, Disability History, Vol. 3 (Frankfurt: Campus Verlag, 2017), 344–54.

Role of Special Education in the Third Reich", "Rebuilding Special Education in Germany After World War II", and "Special Education in East Germany Under Communist Domination" were all published shortly after the reunification of Germany and gave me the background I needed to understand the ways in which educators thought and were trained in Special Education during the historical period that my thesis covers. Additionally, an analysis of the authors' presentations of the issue of special education and disability in the article shed light on how these perceptions were shifting around the time of publication that was not covered in the articles. Without this background, it would have been extremely difficult to tease out exactly what issues were problems of disability specifically, and which were issues of education more broadly. The literature used in these articles also utilized important sources with statistics that are now out of print and difficult to find elsewhere, as is the nature of subjects like educational training.

Again, these historians and experts have worked to enhance our understanding of disability in post-war society in a myriad of ways within their own fields. Poore's work remains the most comprehensive and far-reaching, and yet still does not give the full comprehensive overview I intend to provide in this thesis. These historians have, for the most part, rightfully focused on one German state or the other, and have mentioned the ways politics there influenced them, but the comparative method is missing. Therefore, I depart from these works by offering a comparative outlook and overview of German disability history, while examining how the politics of each place- democracy in the West and communism in the East, led to different outlooks on disability and ultimately attempted to have a strong effect on the experiences of disabled people. I argue that in the West, while democracy claimed to bring equality to all against the 'evils' of communism, it provided an easy way for the government to avoid putting emphasis on disability politics in particular without displeasing the war's victors. On the other hand, in East Germany, while the lives of people, including people with disabilities were controlled by the state, this meant that more explicit laws concerning the lives and systems in place to assist disabled people were required if the East German government wanted to reach their goal of employing all citizens in some manner. However, a lack of resources and concrete action kept much of this from being realized consistently in people's lives. The constant pressure to fit into the perfect ideal of the socialist worker and citizen fed into the very ableist stereotypes disabled people and their advocates were trying to break.

Methodology and Primary Sources

To conduct this research, I have relied primarily on court cases and newspaper articles, both investigative and general. The court cases presented in this thesis are pulled from various volumes of *Justiz und NS-Verbrechen. Sammlung Deutscher Strafurteile wegen Nationalsozialistischer Tötungsverbrechen seit 1945* (*Justice and Nazi Crimes. Collection of German Sentences for National Socialist Crimes Since 1945*), a collection of court sentences that includes the background on defendants, the ruling, and the reasonings of the courts. This source does not include direct statements from people on trial and therefore is supplemented by archival sources quoted in the various articles by Susan Benedict and her colleagues, as explained in the previous section. The decision to do a case study on the institution of Meseritz-Obrawalde is intentional. By focusing on two court cases from the same institution, with women who worked the same jobs at the same time, but who were tried for their crimes more than a decade apart, I was able to rule out the possibility of there being other conditions that impacted the final decisions and enhance my argument by placing the focus on the shifting legal narratives surrounding the cases.

Further, I consulted German law on the compensation of Holocaust victims. Most importantly, the Federal Act on Compensation for Victims of National Socialist Persecution (Bundesgesetz zur Entschädigung für Opfer der nationalsozialistischen Verfolgung (Bundesentschädigungsgesetz – BEG)) and Wiedergutmachung - Regelungen zur

Entschädigung von NS-Unrecht (Reparation - Regulations for the Compensation of National Socialist Injustice.) At times, these laws changed and shifted, which was not always clarified in the online versions of these laws which were digitized. However, using the work published by Paul Weindling and others, I was able to track these changes and make the distinction of shifts as necessary. Additional important legal materials were those which defined disability in West and East Germany, including definitions issued by the Ministry of the Interior and the Act on the Provision of Benefits for Victims of War (Gesetz über die Versorgung der Opfer des Krieges (Bundesversorgungsgesetz)) in the West and Order No. 1 on Reporting Physical Disabilities, Mental Disorders, Impairments of Sight and Impairments of Hearing (Anordnung Nr. 1 über Meldung von Körperbehinderungen, geistigen Störungen, Schädigungen des Sehvermögens und Schädigungen des Hörvermögens) in the East.

To enhance the understanding of disability in post-war Germany, newspaper articles from both the West and East are utilized throughout the thesis. These articles have two purposes. Most of them were used with the aim of showing the disability policies that were passed and how they were explained to the public. While the East German press is more varied, available Western sources seem to indicate that the *Honnefer Volkszeitung* published most frequently on issues of disability during the time frame this thesis covers. Other important sources focus on the experiences of disabled people themselves. These sources~~,~~ in my opinion, are the heart of this thesis and reflect the impact I intend to have. Disabled voices are rare to find in sources, either because people with disabilities were unable to write down their experiences, or because they did not constitute 'worthy' accounts that should be preserved. In this thesis, the work of Ernst Klee, a journalist who worked throughout the 1980s to expose disability injustice in West Germany, is used most heavily for this purpose. His article "Geldverschwendung an Schwachsinnige und Säufer," ("Waste of Money on Idiots and Drunkards") and book, *Behindert: über die Enteignung von Körper und Bewußtsein; ein kritisches Handbuch*

(*Disabled: on the Dispossession of Body and Consciousness; a Critical Handbook*) included many first-hand accounts from disabled people in post-war Germany, both on issues of compensation and everyday inclusion/exclusion. I have incorporated a few throughout this thesis to bring perspective directly from the people I am writing about, which I have seldom seen others do in their historical work on disability. The article “Parents, Politics and the Public Purse: Activists in the Special Education Arena in Germany,” written by Barbara Sherman Heyl and published in the journal *Disability and Society* in 1995 is utilized similarly, as the most important aspect of the article for the purposes of this thesis was not the author’s arguments, but rather the interviews with parents of children with disabilities that she conducted and includes extensive quotes from throughout.

The last crucial piece of primary source type to be covered here is that of education and rehabilitation experts, especially the work *Educational Rehabilitation of the Handicapped in the German Democratic Republic and in the United States of America: An Overview* (1985) by Klaus-Peter Becker, et al. While it is understandable to consider this source a secondary one, I treated this source as I would a primary one during the research period. My reasoning for this is that while this is a study of other sources and the situation of special education in East Germany, the additional considerations the authors provide were ultimately products of the period I am writing about since the work was published in 1985. Therefore, this particular source operates in a special position of providing both secondary and primary insights.

CHAPTER 1: LEGAL INCLUSION AND EXCLUSION OF HOLOCAUST VICTIMS WITH DISABILITIES

In history, media is often examined to discern the ideas and values of a culture. In 1951, the release of Willi Forst's *Die Sünderin* (The Sinner) and the response it received reflected a continuing disregard for disabled people's lives. In the film, the main character, Marina, tries to remedy her partner, Alexander's, debilitating eyesight. When her efforts fail, Marina adds a lethal dose of sleeping pills to glasses of champagne for herself and her partner. Most of the film is told through flashbacks in which Marina questions whether she has done the right thing and concludes that she has because Alexander was an artist who did not want to live without his eyesight. The problem lies in the striking similarities the film has to the Nazi propaganda film, *Ich klage an* (*I Accuse*, 1941), and the response the public gave. While *Die Sünderin* does not refer to "euthanasia" as the killing of institutionalized patients, it does discuss assisted suicide, and there was a reference to institutionalized patients during the war in the original script that was removed.

The reception the film received from the public highlights an important point. While the film received pushback from audiences, the discontent rose largely from scenes depicting Marina's sexuality in scenes where she prostitutes herself. Another argument was made that the film insulted war veterans in that it suggested that suicide was permissible for the war blind and disabled, even though Alexander's character is not a veteran. Catholic and Protestant churches alike boycotted the film for its idealization of suicide. Nonetheless, the film became the most popular film of 1951, with 6.5 million viewers in the first year alone.[4] For all its critics, no one makes a point to criticize the film for its similarities to Nazi propaganda or the lack of value it assigns to disabled lives. Examples like this illustrate the fact that the dismantling of ableist

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[4] Carol Poore, *Disability in Twentieth-Century German Culture* (Ann Arbor: University of Michigan Press, 2007), 163–67.

notions was excluded from post-war society despite the disabled being some of the Nazi's first victims.

For years following the war, euthanasia remained a significant conversation. While the discussions didn't always begin with the intent of discussing killing without request or agency, they often led there. A series from the magazine *Kristall* discussing the readers' views on euthanasia by request around the release of *Die Sünderin* makes this clear. First, some readers' reasonings for supporting euthanasia echoed Nazi propaganda, citing that caring for the sick and 'retarded' cost the state too much money and could not be prioritized when healthy citizens did not have enough resources for themselves.[5] Secondly, the magazine brought the conversation in this direction themselves when they published lengthy statements from parents who wished to kill their disabled children. *Kristall* continued to insist that they only intended to discuss patients who could choose death for themselves, but regardless of their goals, the example shows a degree of acceptance of euthanasia based on previous values and the unstable nature of assisted suicide requests in the post-war nation.[6]

This example shows the hesitance of German society to view disabled lives as equally valuable in post-war society. This issue, however, goes beyond culture. Throughout this thesis, I will demonstrate ways in which disabled people remained excluded in Germany during the post-war era. The first chapter will concern issues of the law pertaining to the trails of medical personnel and the issuing of reparations to disabled survivors and the families of those killed through euthanasia. The following chapter will then look at practices of inclusion and exclusion in everyday life, namely through education, labor, and ongoing issues in the medical sphere.

In tracing the development of the perceptions of disability in Post-War Germany, one expects that a large shift must have taken place given the importance of denazifying both the medical sphere and the general public. However, evidence suggests that medicine and the way

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[5] Poore, 167-69.

[6] Ibid.

disabled people were treated after the war was a continuation of previous understandings of disability and care rather than a break from the Nazi past. Within the legal framework, we can trace this continuation through the light treatment received by doctors on trial, as well as through the rejections felt by disabled victims of Nazi sterilization and the families of euthanasia victims who sought compensation.

CHAPTER 1.1: NAZI PHYSICIANS ON TRIAL

At the end of the Second World War, denazification of the medical sphere posed a particular challenge to the Allied powers. Physicians and all fields played major roles in the killings, and despite later claims on trial, most wholeheartedly supported Nazi values and willingly participated in killings. By the end of the war, nearly half of the country's physicians had joined the Nazi party, and more than 7% of doctors were members of the SS, compared to 0.5% of the general population.[7] In order to rid the nation of Nazi influences, the Allies were tasked with removing doctors and nurses from their positions and placed them under trial for war crimes accordingly. The most prominent case of this is the Doctors' Trial held at Nuremberg beginning in 1946, which deemed sterilization and euthanasia war crimes and crimes against humanity, but still left many former doctors who were not main figures in the Nazi party to be tried in separately.[8] Moreover, the Doctor's Trial was one of the few special cases in which doctors responsible for crimes were tried by Allied courts. Law #10, Article III, section D of the Allied Control Council stated that German courts may only have authority over cases that involved the German perpetrators against other people of German nationality or citizenship, and only if the occupying power agreed.[9] In theory, this idea was meant to assist

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[7] Arthur L. Caplan, "How Did Medicine Go so Wrong?," in *When Medicine Went Mad: Bioethics and the Holocaust*, ed. Arthur L. Caplan, Contemporary Issues in Biomedicine, Ethics, and Society (Totowa, N.J: Humana Press, 1992), 53–92.

[8] "NMT Case 1: U.S.A. v. Karl Brandt et al.: The Doctors' Trial," Harvard Law School Nuremberg Trials Project, accessed February 14, 2023, https://nuremberg.law.harvard.edu/nmt_1_intro#indictments.

[9] Allied Control Council, No. 10. *Trials of War Criminals Before the Nuernberg Military Tribunals Under Control Council Law No. 10 "Green Series": Volume 15*. 1947, 26.

Germany in restructuring its legal system while still leaving the questions of war crimes and genocide to the Allies so that a fair trial could be conducted. In practice, however, it was not strongly enforced. Additionally, even if the Allies had been stricter in this regard, it still would have left significant disparities in bringing justice to victims of euthanasia, sterilization, and other medical crimes, as a large number of victims were German citizens who met their fate in German institutions.[10] Changing approaches to law contributed to inconsistent outcomes in criminal cases, and the desire to rebuild German society led to lighter sentences for those who were convicted later.

The prosecution of medical crimes by German courts relied on different theories of law as distance from the war increased. While the Allied courts readily prosecuted perpetrators with little regard for what was considered legal at the time of the crime, German judges were much more cautious in asserting ex-post facto laws.[11] Two significant ideas which necessitated different rationales and contributed to opposing outcomes underpinned German legal proceedings: “subjectivity” and Natural Law. Traditionally, German law held much more to the idea of “subjectivity” than Anglo-American courts tended to do. Subjectivity here means that German courts were much more concerned with the actor’s will and their personal stakes regarding the matter. If it could be found that the person on trial had “no personal interest” in the results of the crime, or that they had acted to fulfill someone else’s interest, then that person was not to be considered a perpetrator of murder but was complicit at most. This is shown most directly in a court case that took place just after the outbreak of war, in which a woman drowned her sister’s illegitimate child but was not convicted of murder because she was acting in the

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[10] “Institutions” is not limited to hospitals but also includes homes for the disabled many of which were projects of the church. See Harald Jenner, *"Quellen zur Geschichte der "Euthanasie"-Verbrechen 1939–1945 in deutschen und österreichischen Archiven"* [Sources on the History of the 'Euthanasia' Crime 1939–1945 in German and Austrian Archives], Berlin: Bundesarchiv. Accessed February 18, 2023, https://www.bundesarchiv.de/geschichte_euthanasie/Inventar_euth_doe.pdf.

[11] Ex-post facto law allows for the criminalization of actions which were legal at the time they were committed, and therefore the prosecution of those who committed them regardless of the legal status of the time.

interests of her sister rather than herself. Dubbed The Bathtub Case, this legal precedent would hold significant weight in later euthanasia trials as judges increasingly applied the subjectivity theory to their rulings.[12]

The other rationale used by the Germans courts, especially in the early years after the war, was Natural Law theory, or the idea that people have a duty to act on the basis of morality regardless of what the written law may say. This view was taken in the earliest trials against medical professionals but quickly lost momentum as German courts applied these two differing approaches unevenly and all too often resorted back to subjectivity. Still, many early trials led to convictions of being an accomplice even if they did not convict those on trial to murder directly. This would not be the case for later trials that would end in acquittal, due both to Germany's desire to rebuild the nation while putting the war behind them, and the Allies' growing attention towards the Cold War.

The Inconsistencies of German War Trials: Cases from Meseritz-Obrawalde

In court, the tension between traditions of subjectivity and the application of Natural Law played a large role in deciding the verdict of the case. This can be seen in multiple examples, but even just looking at two trials from the same institution does justice to prove this point. Meseritz-Obrawalde is an institution that was situated in Pomerania after the dissolution of Posen/West Prussia.[13] Its layout of specialist units separated into different buildings served patients with very specific needs prior to the war, but provided a separation between buildings where crimes were committed and where they were not. Hospital personnel would quickly latch on to this fact as part of their defense that they had no knowledge of crimes.[14] Various doctors

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[12] Michael S. Bryant, *Confronting the 'Good Death': Nazi Euthanasia on Trial, 1945-1953* (Boulder: University of Colorado Press, 2005), 108–12.

[13] Today Obrzyce Psychiatric Hospital, located in Międzyrzecz, Poland.

[14] Susan Benedict and Tessa Chelouche, "Meseritz-Obrawalde: A `Wild Euthanasia' Hospital of Nazi Germany," *History of Psychiatry* 19, no. 1 (March 1, 2008): 68–76.

and nurses from this hospital were put on trial at different times and received very different sentences under the law. Here I will examine the 1946 trial against Dr. Hilde Wernicke and nurse Helene Wieczorek that took place in Berlin and compare it to the case against the 'sisters of death'- twenty-one other nurses that worked in the institution. The latter trial was held in Munich in 1965.

The case brought against Hilde Wernicke and Helene Wieczorek was the first of the trials to be conducted by West German courts. Both women worked at the hospital Meseritz-Obrawalde prior to the war and were involved with the Nazi party to varying extents; Dr. Wernicke joined the Party in May 1933, and Wieczorek became a member of the National Socialist Women's League in 1933 or 1934 despite not being an official party member. On trial, the women testified that they, as well as other staff, began noticing increased deportations of mentally ill patients from their hospital to regions further east as early as late 1939. However, they were not approached about the euthanasia program until the summer of 1943, when the head of administration came to them separately and explained that the law had now permitted mentally ill patients to be killed in order to "shorten their suffering" and urged the women that they must "do their duty."[15] Both women were threatened with the death penalty if they did not keep quiet about their actions. Faced with the instructions, Wieczorek immediately agreed, while Wernicke declared that she would need at least three days to think about it, after which she agreed to cooperate and signed an oath of silence.

As for the role the women played in the murder of patients, Dr. Wernicke claimed to have never been involved in the killing directly. Instead, she examined patients and separated them according to their ability to work and reported back to Head Nurse Ratajczak.[16] Nurse

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[15] C.F. Rüter and D.W. de Mildt, eds., *Justiz und NS-Verbrechen. Sammlung Deutscher Strafurteile Wegen Nationalsozialistischer Tötungsverbrechen Seit 1945* [Justice and Nazi Crimes. Collection of German Sentences for National Socialist Crimes Since 1945] (Amsterdam: University of Amsterdam Press, 2010). Vol. 1, Serial No. 003, p. 33. Hereafter cited as *JuNSV*, volume number, serial number, page.

[16] Amanda Ratajczak, referred to as Head Nurse R. in this volume of *JuNSV*. See Linda Shields and Susan Benedict, *Nursing in Nazi Germany and the 'Euthanasia' Programmes* (London: Routledge, 2014) p. 128-29.

Wieczorek, on the other hand, personally assisted in the killing of patients, and eventually began performing the injections alone when Ratajczak became ill. As a rule, the procedure consisted of injecting 10-20 cubic centimeters of morphine-scopolamine into the patient's thigh in routine doses so to induce a painless 'slow euthanasia.'[17] In practice, however, the patients were more often forced to drink water with a lethal dose of crushed up Luminal. When supplies became scarce, air was injected into the veins so that the patients would suffer an air embolism.[18] Nurses who assisted in the killings would hold the patient upright in bed while the medication was being administered. Despite claims that the procedure was merciful and done with sedatives to reduce pain, nurses testified that patients were often restless, and it often took up to three personnel to hold the victim in place.[19]

Because of their actions, both women were found guilty of murder by the German courts and were sentenced to death. The courts reasoned that nurse Wieczorek had murdered at least 100 patients on her own during the time that Head Nurse Ratajczak was ill. Dr. Wernicke was convicted on the grounds that while she did not carry out the killings herself, she did perform the selection, all while being aware that her rulings had the meaning of life and death for patients, of which she is considered responsible for at least 600 deaths. Additionally, the women were unable to cling to the defense that they were acting under the law or under orders for two reasons: first, they were being charged mainly for their actions of 1943-44, and there was no law permitting the murder of mentally ill patients at the time. Despite what they had been told, euthanasia was abolished on paper in 1941 following protests from the church. Secondly, while the 'following orders' defense was already struck down by the Allies through the Nuremberg trials, the German courts pushed even further in this case by reasoning that the women acted of

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[17] *JuNSV*, Vol. 1, 003, 33-36.

[18] Benedict and Chelouche, "Meseritz-Obrawalde", 72.

[19] Testimony of Luise E., Wasserburg, Germany, June 19, 1961; file location: Staatsarchiv München, file number 33.029/2, quoted in Benedict and Chelouche, 72.

their own free will. If they truly had no choice, Wernicke would not have been given the three days she took to think about whether she would participate in the crimes.

Attempts to appeal these decisions failed, and both women were sentenced to death. This was the punishment for murder set forth by the Nazis themselves in Section 211 of the criminal code of September 1941. Since it was not repealed by the occupying powers, and the West German courts did not find it to have any Nazi spirit, the death penalty remained until the establishment of the Federal Republic in 1949.[20]

The verdict given to Dr. Wernicke and Nurse Wieczorek may have indicated a strict commitment to removing perpetrators from society in the early post-war era, but the energy put into this pursuit did not last. On the contrary, Wernicke and Wieczorek simply met their fates as exceptions to the usual rulings that would come later. They received the strictest interpretations probably only because they were the first medical professionals to be tried in German courts. The two women are the first and only perpetrators to be sentenced to death in German courts.[21] Additionally, Dr. Wernicke is the only physician from Meseritz-Obrawalde to be tried. The others, Dr. Mootz and Dr. Vollheim, escaped and little is known about their histories.[22]

To illustrate the inconsistencies of post-war trials, I turn now to the 1965 Nurses Trial held in Munich.[23] The trial consisted of 14 nurses who were employed at Meseritz-Obrawalde during the years of 1942-1945. Their direct involvement varied, but all were charged as assistants to murder. The main defendant is defendant Luise E., who worked as a nurse for buildings 6 and 9 under Head Nurse Ratajczak from 1941-42/43. Towards the end of 1943, she

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[20] *JuNSV*, Vol. 1, 003, 33-38.

[21] Bryant, 120.

[22] Benedict and Chelouche, “Meseritz-Obrawalde”, 73.

[23] German law prevents the full names of defendants to be used. Additionally, access to the archive of this case is not easily granted because some of the defendants may still be alive. Therefore, I have relied on secondary literature in combination with *JuNSV*. I have used the names present in the secondary source for more clarity, as defendants are only referred to with initials elsewhere.

took a position as Head Nurse in building 6, which she kept until she fled from Soviet troops in January 1945. Prior to her work at Meseritz-Obrawalde, Luise trained as a nurse in the Provincial Sanitorium of Treptow an der Rega.[24] It was here that she first formed a familiar relationship with Dr. Mootz, who responded to Luise with a shrug of the shoulders when she asked if it was okay to kill patients, citing that there was nothing either of them could do about orders that came from above.[25]

On trial, Luise E. was initially accused of killing 210 patients.[26] Despite admitting that she was not aware of any laws permitting euthanasia, nor was she told about the program or sworn to secrecy, Luise E. claimed that she believed her actions had some kind of legality behind them because Dr. Mootz had promised to cover for her if she was accused of any crimes. Additionally, despite "inner battles," she proclaimed that she found the killings to be the most humane option because it would be what she would prefer if she contracted an incurable physical or mental disease herself. Further, she testified that she only approved of the killings of those who were very obviously in the last two or three weeks of their lives, had a multitude of bedsores, or required constant observation with no hope for improvement.[27] In the end, Luise was only tried for the killing of 110 patients. With the help of a petition from her attorney, it was successfully argued that the higher number of killings would not have been possible based on Luise's availability: her vacation, days off, and the fact that killings were not carried out on weekends or holidays were all considered.[28]

Other nurses on trial provided similar stories and reasonings for their participations in the killings. From accessible defense statements, every single woman cited obedience to some

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[24] *JuNSV*, Vol. 20, 587, 693-696.

[25] *JuNSV*, Vol. 20, 587, 702.

[26] Susan Benedict, Arthur Caplan, and Traute Page, "Duty and 'Euthanasia': The Nurses of Meseritz-Obrawalde," *Nursing Ethics* 14 (December 1, 2007): 781–94.

[27] Statement of Luise E, Wasserburg, Germany, 19 June 1961. File location: Staatsarchiv München, file number 33.029/2, quoted in Benedict et al., "Duty and 'Euthanasia'", 785-86.

[28] Benedict et al. "Duty and 'Euthanasia'", 786.

level as reasoning for participating in the killings, and the vast majority expressed a feeling of guilt. However, this guilt rose not out of sympathy for their victims, but rather because they had broken the Christian commandment that ordered one to not kill.[29] Interestingly though, this did not always stop the women from attempting to show their 'care' for the patients that they assisted in killing. In a statement, defendant Anna G. expressed that one patient's wishes to see the priest and receive the last sacraments was granted before she received the medication. She also assured judges that patients "were not to be tortured more than necessary," and emphasized that she often spoke to patients kindly, stroking their face and assuring them that if they took the medicine they would be cured, but that they had to make sure to drink all of it for the treatment to work.[30]

On the other hand, Anna G.'s testimony highlights the weakness of the defense of following orders. This is not to say that her statements were not conflicting and at times confusing. While she sympathized in her claims to be nothing but an ordinary nurse, she also made it clear that punishment was unlikely for those who refused to participate. For example, while she says that she does not know any caregivers who refused to participate, she points out that her own sister refused to take part in any action. Anna G. explains that her sister received support from the motherhouse that other nurses did not have, and Anna herself was afraid of the repercussions she may face if she refused or even asked for a transfer. She cited being especially afraid of Walter Grabowski, the director of the institution known for his cruelty, and explained that she could not risk her job because she needed to support her father. Still, she admits that she does not know anyone who was sent to a concentration camp for requesting relocation or failure to perform the job.[31]

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[29] Ibid, 785-89.

[30] Angelika Ebbinghaus, *Opfer und Täterinnen: Frauenbiographien des Nationalsozialismus* (Nördlingen: Delphi Poiliti, 1987), 239, quoted in Ibid, 787.

[31] Statement of Anna G, 14 November 1961, Landesgericht, Traunstein. File location: Staatsarchiv München, file number 33.029/2, quoted in Benedict et al., "Duty and 'Euthanasia'", 786-87.

Despite the lack of clarity in Anna G.'s statements, those made by other defendants reinforced that serious action was not taken against nurses who refused to participate in the killings. The most severe consequence reported on trial was a reprimanding that Erna D. received from Head Nurse Amanda Ratacjcak[32] and Dr. Wernicke's desire to remove Berta H. as head caregiver of her unit when she expressed disapproval of the killings. In fact, Wernicke's requests were not granted, and Berta was neither removed nor demoted. She continued to work in the hospital, assisting with the killings by restraining patients, and held to the defense that she was not responsible for murder because she never administered medication personally.[33] Along with weak punishments, the case shows that Anna G.'s sister was not the only one capable of resisting orders to kill. Meta P., who also stressed the importance of following the orders of superiors in her defense, explained that she reached a breaking point when she had to assist an ambulatory patient to one of the killing wards. At this point, she told her head nurse that she would no longer be assisting with 'transfers' because she "did not have the heart for such things."[34] Rather than be punished or even reprimanded, Meta was simply never asked for her help with this matter again.

Ultimately, all women on trial were acquitted for their help in the killings, even though some had previously admitted to killing patients. Many justifications were used by the court, including that the women were mentally 'clumsy' and 'unsophisticated' among other claims, which were equally attributed both to Luise E. and her subordinates.[35] However, this point was a smaller part of a larger, twofold argument. First, nearly 20 years had passed in between the time the crimes were committed and the trials themselves. The court reasoned that the

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[32] Statement of Martha W, 5 Feb 1962, Landesgericht, Traunstein. File location: Staatarchiv München, file number 33.029/2, quoted in Benedict et al., "Duty and 'Euthanasia'", 788.
[33] Statement of Berta H, 20 Nov 1961, Hamburg police station. File location: Staatsarchiv München, file number 33.029/3, quoted in ibid.
[34] Statement of Meta P, 16 Nov 1961, Lunesburg police station. File location: Staatsarchiv München, file number 33.029/3, quoted in Ibid.
[35] *JuNSV*, Vol. 20, 587, 708.

statements from the women could not be found to be reliable, especially since they could not give exact numbers, but only estimates. In the case of the main defendant, Luise E., this reasoning was especially strong since she allegedly had other mental problems. Nonetheless, this consideration was taken into account for all of the women. Secondly, the court relied heavily on the subjectivity component of the German legal system. By now, the women and their lawyers had seen plenty of cases where the following orders defense was deployed successfully, and the Nurses' Trial came to be no exception.

It was decided that the true perpetrators of the crimes were those who ordered the murders directly. The nurses on trial did not order the killings themselves, and their claims that they did not know that the patients would be murdered could not be proven otherwise. In addition to this, the courts considered them to have low motives. Thus, all women on trial were acquitted.[36]

The two cases presented here show the deteriorating regard for hard justice held by the German courts when dealing with cases of Euthanasia crimes. Dr. Wernicke and Nurse Wieczorek met their fates at the greatest extent of the law in 1946. They are the first and only criminals to be put to death through exclusively German courts. However, The Nurses' Trial in 1965 clearly illustrates the unequal hand with which crimes came to be dealt with. The women prosecuted, despite killing hundreds of patients as a collective, had no punishments. Not only did they employ the same methods of justification attempted by the previous women, but they also worked at the same institution during the same time, inferring that they would have been complicit to the same level of crimes as Nurse Wieczorek at the very least. The main difference being that they had the privilege of seeing their calls of obedience be successful in other court cases. In addition, the defendants of The Nurses' Trial were in court after Allied proceedings

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[36] JuNSV, Vol. 20, 587, 708-710; Benedict et al., "Duty and 'Euthanasia'", 789-90.

already ended, and at a time when the country was desperate to move on from the damages caused by the Nazis to rebuild its intellectual and economic sectors.[37]

In the East too, there is a leniency for medical practitioners during the denazification process. During Soviet occupation, denazification was handled by commissions tasked with deciding who could remain in employment. Of those who were approved, they could either continue without any restrictions, or "with reservation", meaning that they could continue to work in their field, but could never take over senior positions. In the case of rejection, the person in question was immediately dismissed from their duties. The denazification commissions were dominated by members of the Socialist Unity Party (SED,) but this did not always guarantee consistent outcomes. Party members were not always present when they should have been, and a general lack of consistent record-keeping across areas led to massive backlogs of cases, and sometimes the approval of people who should have otherwise been dismissed.[38]

When considering the statistics of people brought to the denazification commission and the outcomes of the cases, medical professionals tended to receive lenient treatment. While one's profession did not always have a strong impact on the decision made by the commission, it was placed at the forefront when dealing with health care and social workers. Rather than focusing on individuals' political pasts, commissions were urged to place the likelihood of the public suffering damage to their health above all else. The danger of Nazis serving in public health was not a concern. Rather, the worry was that such highly educated and trained personnel could not be replaced. To balance denazification efforts with the need to maintain the public health system, it was decided that doctors employed in the private sector who were found to be strong advocates of Nazism would lose their license to practice privately and be reassigned to

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[37] Paul Weindling, "Post-War Legacies, 1945-2015. Victims, Bodies, and Brain Tissues," in *From Clinic to Concentration Camp: Reassessing Nazi Medical and Racial Research, 1933-1945*, ed. Paul Weindling, The History of Medicine in Context (London: Routledge, Taylor & Francis Group, 2017), 337–365.

[38] Timothy R. Vogt, *Denazification in Soviet-Occupied Germany: Brandenburg, 1945-1948*, Harvard Historical Studies, v. 137 (Cambridge, MA: Harvard University Press, 2000), 110–133.

the public sector. Commission members were also asked to carefully consider the doctors' work and commitment toward democratic systems since 1945. Additionally, an appeals process was established for the interests of "specialists" such as doctors and healthcare workers who were dissatisfied with their petition results. The Provincial Commission would hear the appeal with a representative of the concerned ministry would attend as well.[39]

With these measures in place, significant defense and witnesses were unnecessary for workers in the health sector, especially doctors. Of a sample taken by Vogt, only 9% of individuals were considered to be "activists" in favor of Nazism. 86% were declared only nominal supporters and given full approval to keep their positions, while the remaining 5% were given conditional approval. Further archival sources also report health and social services as having the highest acceptance rates compared to other professions.[40]

This makes the situation in the East regarding Nazi criminals more complex and difficult to judge. Typically, East Germany was stricter with the people they did put on trial than the West and tended to have a higher percentage of individuals removed from their jobs and 'denazified.' However, medical professionals were the exception to this. It was not uncommon to see doctors and other personnel in the medical field be handed strict sentences, only for them to be reduced on the grounds that the physicians had quickly become strong antifascists. The need for public health and the support doctors received not only from officials but also from individual communities had a strong impact on their treatment, even if they did receive a strong sentence initially. In this way, the GDR was able to support their health system while simultaneously carrying the narrative that the West was unique in its light handling of Nazi criminals.[41]

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[39] Vogt, 159.

[40] Vogt, 156-160; Vogt's own study included a total of 287 healthcare workers out of a total data sample of 2,740 people from various districts. Other statistics cited in Vogt are lifted from the Brandenburgisches Landeshauptarchiv. See *Denazification in Soviet-Occupied Germany* for more clarification.

[41] Mary Fulbrook, *Reckonings: Legacies of Nazi Persecution and the Quest for Justice* (New York: Oxford University Press, 2018), p. 266–287.

West and East Germany had differing approaches to justice in the post-war era. While some aspects reflected the political goals of the state and differing interpretations to the law, the outcome when examining the impact solely on disabled victims of the Holocaust and their families is relatively similar. This shows that despite differing views, consideration for the lives of disabled people was not significant on either side.

Chapter 1.2: Recognition, Responsibility, and Compensation for Disabled Victims of National Socialism

In the rebuilding of Germany, it was not just the reinstatement of criminal medical personnel that encouraged continuous discrimination of disabled people. The German state also failed to deconstruct its ableist tendencies in other ways. For example, they did not consider sterilized people victims of the Nazi policies until amendments were made in the 1980s after significant backlash. The surviving family of euthanasia victims also did not receive the same attention as other targeted parties.

Under German law, euthanasia victims were not classified as victims of the Nazis, and their surviving family members faced difficulty obtaining reparations if they were able at all. This was also the case for sterilized people for many years and the small number of disabled survivors living in institutions. Under section one of the Federal Act on Compensation for Victims of National Socialist Persecution (BEG) of 1953, victims of National Socialism are classified as those who have suffered for “reasons of political opposition to National Socialism or for reasons of race, faith or belief and have suffered damage to life, body, health, freedom, property, assets, or in their professional or economic progress.”[42] The definition also included the surviving relatives of the persecuted and those who were injured for acts against National

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[42] Bundesministerium der Justiz and Bundesamt für Justiz, “Bundesgesetz zur Entschädigung für Opfer der Nationalsozialistischen Verfolgung (Bundesentschädigungsgesetz - BEG)” (1953).

Socialism as defined under §1, paragraphs one and two.[43] Since disabled people were not listed as victims in these paragraphs, that often left their families unable to claim reparations as well. Their only hope at recognition was a loophole left open through section 171, paragraph 4, no. 2, which stated that monetary compensation could be granted if it was reasonable to assume that the surviving dependent would be financially supported by the person who was killed if they were alive today.[44] This, of course, was not possible for many when considering "life unworthy of life."

Recognition of those sterilized under the Law for the Prevention of Offspring with Hereditary Diseases is difficult to track through a disability-based lens alone, as many of the sterilizations took place in concentration camps. However, examining the situation of sterilization victims as a whole does not take away from the conversation of disability rights, even if the people in question may not have identified as disabled at the time of the crime. This is because the regard held for sterilization patients in the post-war era was universal, and as stated before, since being persecuted for a disability wasn't included in the criteria for defining victims of National Socialism, so that alone would not have made a significant difference as the law stood in the first place.

Compensation for sterilization came slow and late. Not established for all victims until 1980, many had already died before Germany began taking responsibility.[45] Compensation was given to different groups at different times. Victimhood and compensation as granted at the Nuremberg Trials applied only to those who were victims of sterilization e experiments but was not extended to people whose sterilization was considered part of 'routine' measures.[46] This, of

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[43] These sections are the same ones that defined who is a victim, as mentioned before.

[44] Bundesentschädigungsgesetz, § 171, para. 4, no. 2.

[45] Paul Weindling, "Too Little, Too Late: Compensation for Victims of Coerced Sterilization," in *Psychiatry and the Legacies of Eugenics : Historical Studies of Alberta and Beyond*, ed. Frank W. Stahnisch and Erna Kurbegović (Edmonton: Athabasca University Press, 2020), 181–198.

[46] Weindling, "Too Little, Too Late", 188-189.

course, may lead one to question the criminality of routine sterilization under the Allied definitions of genocide or crimes against humanity. While human experiments were classified as crimes against humanity, sterilization alone was a much more complicated matter. Each zone prevented additional operations from taking place, but they had different stances on sterilization as a crime- due in large part to their countries' own history with eugenic sterilization as a public health measure. Only the Soviets considered sterilization without experimentation to be a crime against humanity and outlawed the practice. They also attempted to prosecute doctors who had performed sterilizations in court but were unsuccessful. In West Germany, though sterilizations did not take place under Allied orders, the law permitting it was not considered inherently Nazi. This meant that the law was kept on record because it was viewed as comparable to the sterilization laws in place in the United States and Scandinavia.

One may ask how this was allowed to be the case, and the Allies themselves debated this very topic. When prosecuting the Medical Case at Nuremberg, Telford Taylor, the Chief of Counsel, was careful not to assign the charge of genocide to the Medical Case in particular. Attempts to charge those responsible for "routine" forced sterilizations failed because the charges of genocide and crimes against humanity are intrinsically tied to the war itself- Nazi acts prior to the invasion of Poland were not included, so any cases solely to do with the Law for the Prevention of Offspring with Hereditary Diseases were invalid because the law was passed in 1933. Experimentation in concentration camps and euthanasia did not fall under this category since they happened after the war began.[47]

From 1953, sterilization victims could attempt to file claims for compensation, but most were met with rejection coupled with a plethora of reasons. Hardship compensation for those who had been sterilized was established and added to the Law for Compensation of Nazi

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[47] Paul Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (New York: Palgrave Macmillan, 2004), 229-232.

Victims in 1980, under section 171, paragraph 4, number one.[48] This law entitled them to a one-time payment of 5,000 DM, and as of 1988, a monthly payment of 100 DM.[49] Today, this amount has been adjusted to a maximum payment of 2,556 Euros total, for both sterilization victims and children of euthanasia victims, given they were still dependent at the time of the killing.[50] Still, as of September 2014, only 364 people claimed the payment. Moreover, victims claimed that the payment wasn't enough in comparison to other victim classes, who received payments monthly for the rest of their lives to help offset the injury and hardship caused to them.[51]

The lack of recognition, and the small payment, caused significant issues for survivors of Nazi sterilization and abuse. Take, for example, the case of Heinrich Lohne, who was sent to the Kalmenhof Children's Institution for the Disabled at the age of ten. Forced to work as the carpenter's apprentice, Lohne built coffins with unlocking bottoms and was tasked with disposing of corpses. He, like many others, faced starvation and abuse at the hands of the staff at Kalmenhof. When he realized that he had been forced to dig a grave intended for himself, Lohne rushed first to the doctor's office and then hid in a nearby barn until the Americans arrived.

In May of 1985, Heinrich Lohne began his struggle to be recognized as a victim for his time at Kalmenhof. He requested only that his time as a forced laborer be counted towards his retirement pension, otherwise it would be too low to support himself, and he would need to claim social assistance. The Hessian state insurance agency declined his request, citing that he did not belong to the class of victims set forth by BEG, and that he had missed the deadline

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[48] Children of euthanasia victims are also compensated through this law, as previously mentioned, but it was only added in 2011. See Bundesentschädigungsgesetz, § 171, para. 4, no. 1 and 2 and Weindling, "Too Little, Too Late", 195.
[49] Weindling, "Too Little, Too Late", 193-195.
[50] "Wiedergutmachung - Regelungen zur Entschädigung von NS-Unrecht", section 3.1, (Bundesministerium der Finanzen, May 10, 2022), article no. BMF40106.
[51] Weindling, "Too Little, Too Late", 193-195.

anyway, despite Lohne claiming to have not been informed of the option. The state welfare organization, which is responsible for Kalmenhof, also rescinded help. Initially, the organization agreed to make a one-time, symbolic payment to Lohne of 1,000 Marks, but later went back on their word, claiming that they are not responsible for Nazi crimes and had no obligation towards victims since the organization was only established in 1953. Other institutions also refused to help Lohne because he is not counted as a victim under the BEG. Meanwhile, those responsible for his abuse at Kalmenhof were pardoned in court for their crimes and continued to receive their own pensions.[52] Heinrich Lohne's story is just one of many just like it.[53] Despite years of protests by individual activists and organizations, only in 2007 did the Bundestag recognize the Nazi sterilization law as unconstitutional. Most recently, sterilization victims They did not add sterilized persons to the list of those classified as victims, and of 3,696 total applications for compensation, 2,100 were rejected, leaving less than 1% of total sterilization victims compensated either through a one-time payment or a the very rare occurrence of successful applications for monthly compensation as victims.[54]

This issue was not unique to West Germany. In the East, reparations were rare to come by in any case, let alone reparations based on varying victim categories. Formally, East Germany rejected any legal responsibility for the crimes committed by the Nazis. As such, their reparations policy focused not on victims of National Socialism as individuals, but on the Soviet Union itself. Soviet reparation policies focused on moving resources from East Germany to the Soviet Union. This was twofold- first, it gave the Soviets more resources to work with, both commercially and militarily. Second, the mass amount of supplies moved worked to cripple German military capacity in the East, fulfilling but also going beyond what was agreed upon at

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[52] Ernst Klee, "Geldverschwendung an Schwachsinnige und Säufer," *Die Zeit,* no. 18, April 26, 1986.
[53] See additional stories in Klee, ""Geldverschwendung an Schwachsinnige und Säufer," or Antje von Windmann, "Ein Stigma, lebenslang," Der Spiegel, no. 36, September 1, 2014.
[54] Weindling, "Too Little, Too Late", 19.

Yalta and Potsdam. Most of what was taken were "investment goods" such as machinery and "consumer goods", which consisted of household items such as sugar, dishes, and household chemicals.[55]

It is important to note that the conferences at Yalta and Potsdam concerned only reparations towards Allied nations, not victims of Nazi persecution. This point would be repeated by East German officials throughout their relationship with Israel and the topic of reparations. Since these conferences did not legally require East Germany to pay reparations to Israel, the GDR continuously refused to do so. Additionally, responsibility for crimes was rejected on the grounds that the politicians involved were anti-fascist freedom fighters who played no role in the Holocaust, and therefore had no obligations.[56] Agreements were not reached until 1990 after East Germany's first and only democratic election as an independent state. It was also during this time that East Germany apologized and began taking responsibility. Still, agreements were conducted specifically with the World Jewish Congress, and concerned Jewish victims specifically without mention of other victim categories.[57][58] Other sources also lead one to more questions than answers about the Soviet approach to Nazi victims.

After reunification, Germany addressed the lack of responsibility from the East in their continuously updated provisions for compensation of victims of National Socialism. In them, there is a claim that under Soviet law, victims received special benefits such as general health care, old age, and survivor pensions, as well as additional honorary pensions. These payments

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[55] John P. Nettl, "Soviet Reparations Policy," in *The Eastern Zone and Soviet Policy in Germany, 1945-50* (Oxford: Oxford University Press, 1951), 199–238.

[56] Angelika Timm, *Jewish Claims Against East Germany* (Budapest: Central European University Press, 1998), 73–94.

[57] Ari L. Goldman, "Upheaval in the East: East Germany; East Germany Agrees to Pay Reparations to the Jewish Victims of the Nazis," *The New York Times*, February 9, 1990.; See also Ferdinand Protzman, "Upheaval in the East; The East Germans Issue an Apology for Nazis' Crimes," *The New York Times*, April 13, 1990.

[58] It should be noted that reparation payments from East Germany are strongly intertwined with the country's shifting stance on the State of Israel and the Israel/Palestine conflict in the context of the Cold War. See Timm for more details.

applied only to those living in East Germany, given the GDR's refusal to accept any further responsibility. However, they were only paid out to people who were viewed "favorably by the system," but definitions were not given. As far as restitution, it only applied in Thuringia from 1945, but soon became non-applicable and was repealed in 1952. Separate restitution agreements were made between the GDR and Austria, Denmark, Sweden, and Finland for victims living in those countries. For everyone else, the return of immovable property was almost impossible. After reunification, victims living in the former GDR were eligible to apply for compensation under BEG, and applications for the return property were open until 1992 (real estate) and 1993 (movable property.) Again, these laws quickly excluded disabled victims in the nature of their definitions and the difficulty they placed on victims of that category. Support was also little, as most of the organizations Germany worked with to establish compensation focused solely on Jewish victims.[59]

Official recognition of sterilized patients remains a difficult subject in Germany. In 2012, The German Medical Association issued an official apology for the medical crimes that took place between 1933-1945, but further action from the government remains undone. The apology comes after years of covering up Nazi atrocities in the medical field and threatening the careers of physicians who sought to uncover them. Just a year before the apology, the German Medical Association omitted important studies and undermined the importance of further investigation on the involvement of physicians a guide that they sponsored on the links between medicine and National Socialism.[60] To issue an apology just one year later leaves one perplexed, but it does illustrate the complexities of the issue: the apology is certainly too late, and the German Medical Association has caused significant additional damage during the 67 years that they actively worked to cover up atrocities and undermine victims, but it is a step in

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[59] Bundesministerium der Finanzen, *Wiedergutmachung*

[60] Stephan Kolb et al., "Apologising for Nazi Medicine: A Constructive Starting Point," *Lancet* 380, no. 9843 (August 25, 2012): 722–23.

the right direction. In a country where the federal authorities still fail to make amends for victims with disabilities, any positive action cannot be taken for granted.

CHAPTER 2: INCLUSION AND EXCLUSION IN EVERYDAY LIFE

As a country in ruins in the aftermath of the war, Germany devoted little attention to the legal status of disabled people, and that nebulous situation left ample room for other kinds of exclusion as well. In Berlin alone, there was an estimated 26 meters of debris for each surviving resident of the city.[61] Both East and West Germany had the vital task of rebuilding a nation for their communities, and each had different ways of doing so that underlined the motives of those involved in state building and the way the two states wanted to be perceived in relation to one another. This chapter aims to explore how West and East Germany approached the topic of disability and disabled people, as well as their successes and failures in including disabled people in everyday life, particularly concerning health, education, and technological advances in accessibility. Through this framework, I argue that the ideological fight to be named the 'better' or 'true' Germany throughout the Cold War underpinned disability policies, but ultimately a lack of action or resources (or a combination of both), contributed to an unsteady development that had little significant difference and impact on the lives of the people it intended to help.

To begin discussing disability in post-war society and its developments, it would be helpful to start with important terms in disability studies to describe the approaches one can take to incorporate disabled people into a nation or community. From the 1960s onwards, the world slowly began shifting the way they spoke about disability, and it diverged into two different models- the medical and social models of disability.[62] In the medical model, disability is seen as nothing more than a problem or malfunction that needs to be treated so that the

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[61] Wolfgang Schivelbusch, *In a Cold Crater: Cultural and Intellectual Life in Berlin, 1945-1948*, trans. Kelly Barry, Weimar and Now 18 (Berkeley: University of California Press, 1998), 2.

[62] This shift is not significant until the 1980s, though it does begin sooner in disability circles in the United States, for example.

individual afflicted can participate in society as a 'normal' citizen. Its main focus is the intervention of medical professionals to get rid of a disability as much as possible. Under the social model, disability is seen as something imposed on the person with a disability by the society around them. This means that the responsibility of inclusion lies not with the person with the disability to 'fix' themselves, but with the society around them to create inclusive, accessible spaces.[63]

Chapter 2.1: Defining Disability in a New Nation

After the war, both West and East Germany were in too much economic ruin to focus much on specific populations. Doctors, nurses, and educators all remained in short supply, especially special education experts. As a result, disabled citizens rarely received specialized care or made an impact on larger conversations about rebuilding the nation.[64] In the immediate post-war years, the West and East did not differ much in their approaches. They both relied on the medical model of disability, focusing on how to remedy disabilities that were present in order to strengthen the workforce. This also allowed professionals to define who was to be considered legitimately disabled, and therefore, worthy of pensions and the available assistance.

In West Germany, disability statistics were not kept. Policymakers feared that instituting a reporting system was too reminiscent of Nazi requirements to report the sick and disabled for euthanasia.[65] This, however, does not mean that notions of disability did not exist. In 1956, Helmut Ziem was commissioned by the Labor Ministry to author a book on the situation of disabled people in West Germany. The resulting work, *Der Beschädigte und Körperbehinderte im Daseinskampf einst und jetzt (The Disabled and Physically Handicapped in the Struggle for*

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[63] Justin Anthony Haegele and Samuel Hodge, "Disability Discourse: Overview and Critiques of the Medical and Social Models," *Quest* 68, no. 2 (April 2, 2016): 193–206

[64] Sebastian Barsch, "Intellectual Disabilities in East and West Germany: A Brief Comparative History," *Asclepio* 68, no. 2 (December 30, 2016): 148–59.

[65] Gabriele Lingelbach and Pia Schmüser, "Die DDR versucht ab 1954 alle Kinder und Jugendlichen mit Behinderungen statistisch zu erfassen," Menschen mit Behinderungen in der DDR, accessed May 20, 2023, https://behinderung-ddr.de/lebenswelten/familie/#segment-6.

Existence Then and Today), places disabled people into two categories: those who had become disabled either through workplace accidents or wartime service, the genuine (echt) disabled, and those whose disabilities were acquired at birth, the nongenuine (unecht) disabled. The logic was that those who were 'genuine' were worthy of pensions and state assistance, while the others were not and should be left to the care of their families and charitable organizations, usually organized through churches.[66] In this way, West Germany had a way of defining disability through morals and the valuation of citizens to the state. The pension and percentages of disability at this time were also similar to the old system established in 1911. That is, one was considered disabled and eligible for a pension once they could no longer earn two-thirds or one-half of their earnings in their current job, with the percentage being contingent upon the kind of worker the person in question was. Blue-collar workers needed to reach two-thirds, while white-collar workers needed to reach one-half.[67]

In the post-war era, these problematic parameters were kept, and the ability to work defined those who were 'fit to live', as per the 1958 definition given to disability by the Federal Ministry of the Interior: "A person is considered to be disabled if they are unable to carry out an appropriate job either because of a congenital malformation or damage or because of injury or illness (...). One is more or less incapacitated (unfit to cope with life.)"[68] Importantly, the original German source uses the word *lebensuntüchtig* to express the quality of being incapacitated. This term is the same one used during the Third Reich to discuss people with disability who were 'unfit' i.e., unworthy of living, but attempts to repurpose the term to express

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[66] Helmut Ziem, *Der Beschädigte und Körperbehinderte Im Daseinskampf einst und jetzt*, Sozialpolitische Schriften vol. 4, (Berlin: Duncker & Humblot, 1956), 5, 67, quoted in Poore, 178-179.

[67] Deborah A. Stone, "The Origins of the Disability Category: German Social Insurance," in *The Disabled State*, Health, Society, and Policy (Philadelphia: Temple University Press, 1984), 56–68.

[68] Bundesministerium des Innern (BMI) Abt. Va1, Schreiben an Abt. Va2, 12.8.1958, Bundesarchiv (BArch) B 106 841, quoted in Elsbeth Bösl, "Die Geschichte der Behindertenpolitik in der Bundesrepublik aus Sicht der Disability History," Bundeszentrale für politische Bildung, May 31, 2010, https://www.bpb.de/shop/zeitschriften/apuz/32707/die-geschichte-der-behindertenpolitik-in-der-bundesrepublik-aus-sicht-der-disability-history/.

the inability to live independently. However, while the desire to put an end to disabled lives is no longer present, the same devaluation of those lives as unable to have value without the ability to work remains.

At the end of the occupation, German policymakers passed laws that placed preferential treatment towards war veterans rather than allotting them evenly to those who needed them. These measures included healthcare, medical equipment, and vocational training, among other provisions.[69] Socially, too, disabled veterans were separated from the overall population of disabled people. They could maintain their societal value, dignity, and manhood in the face of the public, and were deemed worthy of assistance and accessible services. This is also reflected in the language, as the term *beschädigte* (lit. "damaged")[70] was used to refer to those disabled in war, while *krüppel* (cripple) continued to be used for disabled civilians.[71] These divisions impacted the disability rights movement severely, as people with disabilities struggled to differentiate themselves from one another in an effort to 'prove' themselves as being among the 'worthy' of disabled. Soon, different groups emerged, for example for those who were war disabled and those who were disabled through work accidents, preventing a united front from being formed. As such, developments occurred in a fractured manner rather than smoothly and all at once for the duration of the rights movement.

In the East, definitions of the disabled were much clearer. The German Democratic Republic issued an order in 1954 that required reporting all disabilities to the appropriate authorities. While this endeavor was never fully successful in keeping a full record, it does outline the meaning of who was considered disabled, including those who had been born with or acquired conditions later in life, including physical and mental disabilities, with hearing and

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[69] "Gesetz über die Versorgung der Opfer des Krieges (Bundesversorgungsgesetz)," *Bundesgesetzblatt* No. 53 (December 21, 1950): 791–806.

[70] While this term would be inappropriate to use today, it was the more humanizing option for its time.

[71] Wilfried Rudloff, "Überlegungen zur Geschichte der bundesdeutschen Behindertenpolitik," *Zeitschrift für Sozialreform* 49, no. 6 (2003): 863–86.

vision impairment each included separately and explicitly. Deformities, physical functional disorders that affected movement, and disabilities relating to the brain that made it more difficult to integrate into society were also included as broader categories. Under this law, physicians, midwives, education specialists, and other civil servants, as well as parents and legal guardians, were required to report disabilities to the authorities within eight days of the order being issued.[72] The aim of this order was to begin rehabilitation as soon as possible so that the children reported had the best possible chance of integrating into society and becoming full, working citizens. However, as we will see, this goal was not realized.

Chapter 2.2: Inclusion and Exclusion through Special Education[73]

Like other sectors of German society, special education in the postwar era demanded complete rebuilding. Despite differing political views, the German case remains proof that two opposing ideologies can still develop practices parallel to one another. While the establishment of special schools was considered progressive in both East and West Germany a lack of development since reunification has led to an environment of exclusion for students with disabilities and a sensitive debate among politicians, parents, and education experts alike that remains to the present day. To trace this development, it is essential to trace back Germany's education traditions pertaining to disabled children.

Having once been home to what was seen as one of the most progressive school systems in the world during the 19th century, German education became a large question in the aftermath of the Second World War. Prior to the war, the German education system was one that

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[72] "Anordnung Nr. 1 über Meldung von Körperbehinderungen, geistigen Störungen, Schädigungen des Sehvermögens und Schädigungen des Hörvermögens," *Zentralblatt der Deutschen Demokratischen Republik* vol. 20 (May 12, 1954): 194.

[73] This section is adapted from the paper, "Between Medicine and Education: Perceptions of Disability and the Development of Special Education in Post-War Germany," submitted to Central European University in December 2022.

professionals from all around the world viewed as an example to be followed, with many education specialists flocking to Germany to take notes for their own countries. The Education Act of 1872 was unique at its time for its goals of providing basic education to all children. While secondary schools remained class-conscious, the establishment of the *Volksschule* allowed children of lower socioeconomic statuses to attend elementary school for six years, and the creation of the less academic *Realschule* and various vocational schools provided chances for middle and lower-class families to continue their children's education, with each option costing less and requiring attendance for a shorter number of years.[74]

While disabled children remained segregated from their non-disabled peers in special education schools, the implementation of special education at all was a landmark decision for its time, and ideas of inclusion continued to develop. By 1900, there were over 300 classes of disabled students in the German school system.[75] Eventually, special education classes were integrated into public grammar schools where intellectually disabled children remained in separate classrooms of 20-25 each but still had connections with non-disabled peers outside the classroom. Integration remained an alternative to *Sonderschulen*[76] until 1933 when decisions regarding the education of students were stripped from the individual states.[77]

After the rise of the Nazis, the insistence for a more educated folk and the subsequent extension of elementary school from six years to eight years, along with additional subjects led to the stigmatization of lower-class children who were unable to keep up with the demands. The new changes led to significant dropout rates among disadvantaged families. Further, these children and their families were easily stigmatized and labeled as mentally deficient under Nazi

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[74] Wayne L. Sengstock and Sieglind Ellger Ruttgardt, "Rebuilding Special Education in Germany After World War II," *Education and Training in Mental Retardation and Developmental Disabilities* 29, no. 1 (1994): 69–81.

[75] Sengstock and Ruttgardt, 69.

[76] Special schools, the term used to refer to schools for disabled children. These children were separated into different schools based on disability type and severity. Some required modified curriculums, but others did not, and were still required to go to a different schools than their peers.

[77] Wayne L. Sengstock, Hannelore Magerhans-Hurley, and Angela Sprotte, "The Role of Special Education in the Third Reich," *Education and Training in Mental Retardation* 25, no. 3 (1990): 225–36.

law, putting them in danger. Special schools, like other institutions in Nazi Germany, were used to further National Socialist goals. With these conditions in mind, it was not uncommon for teachers to participate in the 'sorting' of mentally disabled students into the categories of those able to work and those who are not, and by extension unworthy of their lives.[78]

The transfer of power from the states to the federal government under National Socialism led to questions of whether special education should continue to exist at all. In a nation operating under extreme ideas of Social Darwinism, it was assumed that the existence of special education only encouraged the reproduction of an inferior race, where "every advantage given to the unfit was seen as a disruption of the process of natural selection."[79] Additionally, the education of the inferior cost the nation too much money. Where the education of 'normal' children cost only 329 RM per year, education for disabled children was reported to cost 1,105 RM per year.[80]

Still, rather than disbanding special education entirely, the regime decided to reduce costs by closing several special schools, making the average class size increase from 28 to 36 students in those that remained open, and forcing the function of the schools to serve Nazi aims. In schools that did continue to exist either as *Hilfsschule* or *Sprachheilschule* teachers were to administer Form 5A intelligence tests to determine the 'feeblemindedness' of students. Until 1937, the sole goal of special schools became to separate and prepare students for sterilization or euthanasia. After 1937, the goal became to create useful workers out of intellectually disabled students. Disabled children were to be taught self-discipline, moderation, and independence instead of academics so that they could become capable of serving their nation. This was seen as a fitting solution because there were plenty of agricultural jobs needing to be filled by low-level workers, which the students could perform after sterilization. Additionally, these jobs

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[78] Sengstock and Ruttgardt, "Rebuilding Special Education in Germany After World War II," 69.
[79] Oswald Bumke, *Lehrbuch der Geisteskrankheiten* (Munich: J. F. Bergman, 1948), 615, quoted in Sengstock, Magerhans-Hurley, and Sprotte, "The Role of Special Education in the Third Reich," 232.
[80] Ibid.

meant that they could be sent back to their homes rather than to institutional care centers, further easing the financial burden on the government.[81] While I will leave further discussion of abuse during the Nazi times untouched in this thesis, it goes without saying that the Nazis' ability to exploit and utilize existing institutions intended for the care of the disabled is the only reason special education was able to stay operative during the war at all, though it of course cannot be said that goals remained the same or that special schools were a safe place to be at the time.

Immediately following the war, while education and denazification made up much of the post-war discussion for the general population, the same cannot be said for special education. With both East and West Germany in complete disarray, a lack of resources left almost no money for care institutions, let alone special education. The root of the problem was not just architectural, but it also had to do with the lack of trained personnel and the inability to train new employees. Additionally, prior to the 1970s/80s, officials in the West, that is in Germany and other Western nations such as the United States, were invested in disability through the medical model, where they focused on psychiatric methods of rehabilitation as opposed to education, and practices called back to pre-war models of exclusion. Most people were placed in specialized asylums where it was assumed they would live a "life free from misery, threat, narrowness, and isolation" despite their lack of access to the rest of the world.[82]

The medical model and the normalization of institutionalization in the early years was the default response in both East and West Germany, but as West Germany and East Germany emerged and distinguished themselves as separate states, they quickly began operating on different policies and approaches to disability. Underlined by the tensions between the democratic West and the communist East, disability policies reflected the ideals of each country in the fight to prove itself as the 'true' or 'better' Germany. However, the tangible impacts did

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[81] Sengstock, Magerhans-Hurley, and Sprotte, "The Role of Special Education in the Third Reich," 231–33.

[82] Sebastian Barsch, "Intellectual Disabilities in East and West Germany: A Brief Comparative History," *Asclepio* 68, no. 2 (December 2016): 148–59.

not always lead to increased regard for the effects of disability politics or the inclusion of those impacted by them.

By the late 1970s and 1980s, West German education was beginning to turn to a more social model of disability as other Western nations had done. Categories of ability and normality persisted, but ethics surrounding disability came to include not just integration and care of disabled people into everyday life, but also the acceptance of disability from the non-disabled population. This is to say that while West German education failed to eradicate “we” and “they”[83] conceptions of disability among citizens, it did begin to develop a social model of disability that the United States led the way in creating while maintaining some of its unique developments based on the education system of the Weimar Republic.[84]

The social model of disability in West Germany grew out of a strong antipsychiatry movement. In 1975, the West German government published the “Psychiatry Enquete” which argued for the establishment of community care homes as an alternative to placement in psychiatric hospitals. Additionally, demands were made for the separation of the mentally ill from the intellectually disabled. This allowed special education to finally be taken as a serious academic discipline.[85] Still, rather than taking on the American model in full, West Germany maintained some of its own unique developments and educational practices from the prewar era. Heilpädagogik, focused mainly on medical rehabilitation, remained the standard profession and practice for the care of disabled adults, while a system of sonderschulen[86] was developed to educate disabled children. In these schools, children attended for 8 or 9 years, depending on state (*Länder*) rules, at the recommendation of educators and health professionals. Sometimes,

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[83] Rosemarie Garland Thomson, “Integrating Disability Studies into the Existing Curriculum: The Example of ‘Women and Literature’ at Howard University,” *The Radical Teacher*, no. 47 (1995): 15.

[84] Barsch, “Intellectual Disabilities in East and West Germany,” 148–51.

[85] Barsch, 151.

[86] While East Germany makes a distinction between Sonderschulen and Hilfsschulen, in the West all schools developed to be called sonderschulen with specific kinds of disabilities served. See the introduction of this thesis for more clarification.

this schooling began in preschool with *Sonderkindergarten* if the child was already known to have a disability, or within the first few years of elementary school, before the division of school types in the fourth grade. The system of sonderschulen was entirely separate from the mainstream education system, with hardly any opportunity for crossing over into the mainstream system.[87]

Even though the separation of disabled children did not traditionally fit with the new social model of disability, which aimed for the integration of students with disabilities into mainstream schools, and the ability of parents to decide whether they wanted their children to attend a separate or intergraded school, sonderschulen were considered progressive and urgent in West German society. Especially after the Thalidomide crisis, a medication prescribed to many pregnant women that was found to cause physical deformities only after it was widely recommended by doctors, a number of parents rallied for special education. Some pushed for an integration model, but since decisions regarding education concern the states, there was little that the federal government could do. In most states, the most common result was the establishment of separate schools serving disabled children of various categories, including separation of those with speech, learning, behavioral, blindness, deafness, and other physical disabilities, among others, all of which were placed in different schools with teachers who specialized in that specific disability and were paid more than teachers in general schools.[88] Ultimately, the categorization of children allowed sonderschulen to perform two purposes: for children labeled *lernbehindert* (mildly intellectually disabled), education in the special school led to jobs and apprenticeships in workshops, which allowed the government to ease the strain the war put on the nation's workforce while also integrating disabled citizens into society as a form of pushing away the Nazi past. For more severely disabled children, the special school

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[87] Barbara Sherman Heyl, "Parents, Politics and the Public Purse: Activists in the Special Education Arena in Germany," *Disability & Society* 13, no. 5 (November 1998): 683–707. See source for further details on the German education system.

[88] Ibid.

was seen as a haven from ableism, the discrimination they often faced just for having a disability.[89]

Perceptions of disability in East Germany, like in other socialist states, were complicated and often contradictory. Disability was acknowledged as a real issue in the face of capitalism, and the capitalist worker was often depicted with various ailments, but efforts of acknowledgment in many ways did not go further than propaganda. Communist workers were depicted only as strong and able-bodied, and the assumption that there would be no disability in socialist societies prevailed.[90] While the East German press did devote space to discussions of special education, it is important to note that only some students attended the schools, and they were not open to all students with disabilities.[91] Children with disabilities were separated into categories based on their disabilities, which in addition to traditional disability categories included the "educatable feebleminded" and the "non-educatable but trainable feebleminded." Even though only 0.45% of students were supposedly part of the last category,[92] these students were not granted the right to education. Instead, they were placed in daycare centers sponsored by the Ministry of Health rather than the Ministry of People's Education. Political actors at the time did not see this group as important, because they were not capable of any radical actions against the State, and it was cheaper to train care personnel than teachers. Additionally, no parental groups lobbying for the inclusion of these children were allowed in East Germany. A third category of students also existed, the so-called 'nursing cases', who did not receive school education or vocational training, but were left to their families or care personnel in a special home.[93]

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[89] Heyl, 687–690.

[90] Poore, 231–234.

[91] Sebastian Barsch, "Socialist Education for People with Intellectual Disabilities in the German Democratic Republic (GDR) – Conditions and Impact of Ideological Indoctrination" (Disability History: Theory and Practice, San Francisco, CA, 2008), 2–3.

[92] Klaus-Peter Becker et al., *Educational Rehabilitation of the Handicapped in the German Democratic Republic and in the United States of America: An Overview* (New York: Pergamon Press, 1985), 30.

[93] Barsch, "Socialist Education," 2–3.

Nonetheless, institutions for training teachers in Special Education were developed beginning in 1947 at Humboldt University in Berlin, and the Central Commission for Special Education was established in 1976 to oversee Special Education and the training of teachers in the field for children who were deemed educatable. After the establishment of the commission, two further programs at Wilhelm Pieck University in Rostock and the Teacher Training College in Magdeburg were founded. The latter two programs focused solely on training teachers for special education[94], and the Wilhelm Pieck University program was particularly praised by newspapers in the East for its activities.[95]

While the German Democratic Republic did not explicitly define disability in terms of the ability to do work, the resulting education system reflected that value. Referred to as "educational rehabilitation," schools focused on the reintegration of disabled citizens through maintaining and developing their skills to become productive workers and good socialists.[96] These schools, in addition to subjects like German, History, and Mathematics also included courses in sewing, housekeeping, and 'manual art' that were in addition to vocational training courses and aimed at "familiarization with objects in daily life" as well as in nature. Development of motor skills and self-help was also very important.[97] Containing some traditional school topics,

In East Germany schools for the intellectually disabled were referred to as Hilfsschulen, and typically provided education until the eighth class, and divided into two sections. Section I

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[94] Wayne L. Sengstock and Sieglind Ellger Rüttgardt, "Special Education in East Germany Under Communist Domination," *Education and Training in Mental Retardation and Developmental Disabilities* 30, no. 2 (1995): 130-140.

[95] There are multiple articles available in the archives on this training program. See, for example, Ulla Masso, "Praxisverbundene Ausbildung: Studenten auf Einsatz an Sonderschulen gut vorbereitet," *Neues Deutschland*, April 25, 1981.

[96] Sengstock and Rüttgardt, "Special Education in East Germany."

[97] Winfried Baudisch, Bodo Bröse, and Chananij S. Zamskij. *Einführung in die Hilfsschulpädagogik*. Berlin: Volk und Wissen Volkseigner Verlag, 1982, p. 166; Bildungs- und Erziehungsprogramm für Rehabilitationspädagogische Förderungseinrichtungen des Gesundheits- und Sozialwesens der DDR. Berlin: Ministerium für Gesundheitswesen der DDR, 1977, quoted in Becker et al., *Educational Rehabilitation of the Handicapped,* 116, 118.

was intended for children with less severe disabilities, diagnosed after the first year of school, and section II was for those with more severe disabilities who were diagnosed in preschool. These schools were supported by the Young Pioneers and Free German Youth (FDJ) organizations. After-school programs were also available if parents wished to place their children in them and were compulsory for students who lived in rural areas where the division between section I and II was not possible, did not live in the same town as their school, or did not live in the town where their mothers worked. These programs ensured that students completed their homework and provided further sociocultural education and activities that aligned with Socialist ideas. Graduates of section II received one or two additional years of vocational training in non-skilled, but independent professions such as sanitation work, laundry workers, farm hands, etc. Graduates of section I, by contrast, are placed in sheltered workshops, or work at home, if possible.[98]

Education in *Sonderschulen* was also possible for students with physical disabilities that did not impact their intellectual performance. This type of schooling offered a standard curriculum of 10 years, and some had 12. There was a possibility to earn the Abitur, the standard leaving certificate from the highest level of secondary school that allowed the student to apply directly for university admittance, but most people did not have the opportunity. The abitur was only offered at one boarding school that was attached to a hospital near Berlin, which required students to leave their families for the entirety of their school years.[99] In reality, while children with physical disabilities did attend schools, it was more likely that they would attend a school for the physically disabled, and then be placed in clinics rather than obtain jobs. This was especially true for children who needed assistance with daily life functions such as using the

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[98] Becker et al., *Educational Rehabilitation of the Handicapped*, 106–122.

[99] Poore, p. 257-258; Käthe Kern, “Lebenswerts Dasein für Körperbehinderte: Ein kleiner Spiegel großer Leistungen unserer Republik auf dem Gebiet der Rehabilitation,” *Neues Deutschland*, June 9, 1962.

toilet, and the lack of care personnel to help them is an issue that will be discussed later in this thesis.[100]

Ultimately, while schools and programs to promote the participation of disabled people existed in the GDR, a high degree of exclusion is still present. The division of students into special schools was not uniform, and often depended on the parents' socioeconomic status, place in the party, or the work they would be willing to do for their children to attend school. Even when a child showed signs of being perfectly capable of attending a regular school, but had a disability, they were often placed in special schools so that the places in standard schools could be allotted to children that physicians found to be more 'valuable,' as seen by one case where a neurologist expelled a child with Down Syndrome from a kindergarten, despite their good performance, because the neurologist felt that the spot should be given to someone with a more promising intellectual capacity.[101] Oftentimes, these physicians felt that they were helping ease the financial strain by giving places to students who were more likely to obtain jobs that would allow them to gain as much money for the country as their education had cost. Despite the existence of organizations that affiliated themselves with the disability community, they often remained marginalized, and the ban on groups not officially endorsed by the state hindered the ability of disabled people and their guardians to speak up about issues. This contributed to the continued exclusion of disabled people and prejudice even in times when disability lobby groups began to emerge in West Germany.[102] The fact that activism was not allowed unless the group was created and endorsed by the government provides a distinct break between the two German states and also serves to explain, in part, why the disability rights movement came to be dominated by West German voices even after reunification.

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[100] W. Kressin, "Zur Rehabilitation behinderter Kinder in der DDR," *Zeitschrift für die gesamte Hygiene und ihre Grenzgebiete* 25, no. 6 (June 1979): 474–476.

[101] Poore, 258. This is not an isolated incident. See the text for more examples.

[102] Poore, 257-263.

When the borders between the two German states crumbled and it became apparent that ideas of equality did not translate to practice, special education was no different. State structure, economic needs, and staffing problems with teachers all posed great issues. Because education in East Germany was a federal matter identical in all regions and remained an issue of the health sector, there was no agency to help handle the shift. Likewise, amid reunification, all laws of the Federal Republic were adopted in the East, meaning that education was made a power of the state, but the states had no one prepared to make such decisions. Additionally, the economic strain caused by the dilapidation of buildings in the East and the large percentage of inadequate teachers worried the new Republic, which ushered in existing organizations and parental lobbying groups from the West to help equalize education.[103]

Ultimately, the system of Sonderschulen for children with disabilities based on their disability type was adopted across the nation. Discussions of the establishment of mixed-ability schools began in the 1980s and continue today.[104] Despite a ruling by the German courts that all children have the right to be educated equally, education remains a function of the state and this ruling cannot easily be enforced. As such, there is a great discrepancy in special education depending on where a child lives. For example, the West German state of Saarland was the first state to pass laws stating that general education schools were responsible for students with disabilities in 1986, whereas Baden-Württemberg ruled in 1996 that disabled children do not have the right to be educated in the same schools as their non-disabled peers.[105] Discrepancy and stigmatization also continue, with more than three-fourths of disabled students leaving Sonderschulen with no secondary school certificates at all as of 2013.[106] Inclusion of children

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[103] Sengstock and Rüttgardt, "Special Education in East Germany," 137–39.

[104] Christoph Führ, "On the Education System of the Five New Länder of the Federal Republic of Germany [1992]," in *Education in Germany: Tradition and Reform in Historical Context*, ed. David Phillips, International Developments in School Reform (London: Routledge, 1995), 259–283.

[105] Heyl, p. 683. See also Katharina C. Heyer "The ADA on the Road: Disability Rights in Germany."

[106] Benjamin Edelstein, "Das Bildungssystem in Deutschland," Bundeszentrale für politische Bildung, July 23, 2013, https://www.bpb.de/themen/bildung/dossier-bildung/163283/das-bildungssystem-in-deutschland/.

with disabilities unfortunately is not a settled matter in Germany, and the fight between inclusion and exclusion continues both in states that allow parents to make the choice of integration or special school and those that don’t.

Future developments of special education in German society remain to be seen, but it is clear from a historical standpoint that despite differing political ideologies and the actual ability of the states to deliver on their promises of inclusion, perceptions of disability and special education systems developed quite similarly with marginal differences in political goals and perceptions. While East Germany claimed to have thrown away the Heilpädagogik of the prewar era, it essentially operated on a rebranded version of this concept that allowed the state to emphasize the ability of the disabled individual in relation to the collective. Likewise, West Germany did the same, but to push the idea that society had been fully democratized for all while easing their lack of unskilled workers. Their culmination led to a system somewhere halfway between the emphasis on medicine and education that remains a hot debate in German society to this day.

The Impact of Parental Organizations in West Germany

Discussions of the education system for the disabled open up the space necessary to talk about the labor and care of people with disabilities in post-war Germany, as all three elements are deeply intertwined with one another. As a rule, special education in both West and East Germany was created with the sole goal of allowing disabled individuals to enter the workforce in low-level jobs once finishing school, usually at the age of 18, though 20 was allowed in some cases in the GDR, including the vocational training section.[107] However, before establishing what work for the disabled entailed in West Germany, it would be helpful to have a discussion on how these systems for disabled children came about as a larger discussion on disability rights.

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[107] Becker et al., *Educational Rehabilitation of the Handicapped*, 107–108.

As mentioned previously, these opportunities were created in West Germany during the 1960s in large part due to the pressure parents placed on politicians to create an equal society for their children. While disability rights movements were forming around the world at this time, its growth in West Germany was, in no small part, born out of the desperation of parents whose children were affected by the Thalidomide crisis. Parents often formed their own groups to ensure that their children were included but often found that they were purposely made unaware of help made available by the government to help them. For example, Mrs. Steinwachs, a mother to a child with a learning disability, claimed that she and other parents were unaware of money set aside by the state of North Rhine Westphalia to support young people with learning disabilities. The parent group only learned about it when a member read about it in the newspapers. At first, when the group went to the Labor Office to inquire about the grant, the staff acted as if they knew nothing about it. However, after additional attempts and a scheduled appointment, the parents were able to obtain the funds, and with it hired four teachers to help 72 children in their school obtain apprenticeships and a social worker who prepared the children for job interviews and acted as a mediator between the school, the participating companies, the Labor Office, and the families in the parent group.[108]

Parent groups like the ones Ms. Steinwachs was part of existed in each of the states, but many struggled to obtain funds and even increase their membership. Parents of children with different disabilities often refused to associate themselves with one another, a clear reflection of the stigmas that existed with some disabilities, especially towards children with learning disabilities. In one example given by Ms. Steinwachs, a man refused to join her parent group because his child had only behavioral difficulties and did not want him or his child to be associated with learning disabilities. In another, parents of a child that attended the regular schools refused to send their daughter to after-school speech therapy because they learned that

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[108] Interview between Barbara Sherman Heyl and Frau Steinwachs (1989), in "Parents, Politics, and the Public Purse", 691-693.

she would have to take the bus with the children from the local sonderschule.[109] Interactions like those presented not only show the assumptions and prejudice against people with disabilities that remained in society at large, but also the ways in which pre-existing ideals as to what constitutes 'acceptable' and 'unacceptable' disabilities permeated activist spaces, undoubtedly slowing progress towards collective inclusion.

Some parents reported feeling that the associations people had with the Hilfsschulen under the Nazi regime were still present and that they and their children are devalued in the system. This problem has been addressed by some federal states, for example by adopting different terms such as *Förderschulen* and *Förderschüler* to refer to the schools themselves and the children within, which emphasizes encouragement or advancement rather than a delay.[110] Parents groups continue to face struggles in Germany, such as the right for their children to be fully integrated into society through education and work alike, but they are responsible for massive reforms so far and have evolved into important disability rights organizations such as Lebenshilfe, which works with disabled people, parents of disabled children, and the Bundestag to foster further advancement and inclusion.

Chapter 2.3: Labor and Disability

In West Germany, disabled people worked in sheltered workshops in industries such as packing and sending, construction, and printing, among others. In a time when job loss was prevalent, and the country struggled to find workers, this kind of inclusion offered a solution for both disabled people and the concerned government. To coerce businesses to participate, quotas were enforced. As of January 1975, each company with more than fifteen employees was required to reserve at least six percent of their positions for employees with severe

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[109] Heyl, 690-691.

[110] Ibid.

disabilities or pay a monthly fee of 100 DM. Businesses that partnered with the sheltered workshops were able to reduce this cost by 30%. The goal of these new laws was that for every 1,000 residents in a city, one place in a workshop would be filled by a person with a disability.[111]

These kinds of laws were not entirely new. In 1953, similar quotas were established for disabled veterans, those who were disabled through work accidents, blind people, and victims of National Socialism. However, this law extended quotas and encouraged the building of workshops for young people who were born with disabilities. This distinction is important because while the previous law was very successful in the employment of disabled men, veterans in particular, it did virtually nothing to change the situation for disabled civilians.[112] In the new sheltered workshops for disabled people, the vast majority of employees were between the ages of 20 and 30, and lived with their parents, though plans for special homes were also made in the 1970s, with the understanding that these people would need somewhere to go once their parents died.[113] Both measures were aimed at increasing the independence of disabled people while alleviating national unemployment rates but did not come without issues.

For many disabled people, employment in the workshop meant earning only pocket change- they did not receive standard wages for the work being done. Those in charge of the workshops saw nothing wrong with this, highlighting the obvious lack of value they placed on disabled people and the labor that they were doing. For example, when Ernst Klee, a journalist working on uncovering ableism in West Germany in the 1970s onward, asked about this during his visit to a sheltered workshop, he was told to "leave the matter to the village."[114] This response makes it clear that the authorities surrounding the workshops have little regard for the

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[111] "Appell des Landschaftsverbandes Rheinland: Behinderte leisten eine sehr hochwertige Arbeit! Die Behinderten-Werkstätten nicht unter der Konjunkturflaute leiden lassen," *Honnefer Volkszeitung*, March 18, 1975, 6.

[112] Poore, 172.

[113] "Behinderte leisten eine sehr hochwertige Arbeit!"

[114] Ernst Klee, *Behindert: über die Enteignung von Körper und Bewußtsein; ein kritisches Handbuch*, Überarb. Ausg., Lizensausg, Fischer-Taschenbücher 3860 (Frankfurt am Main: Fischer-Taschenbuch-Verlag, 1987), p. 76.

situation of the disabled people they employ and their well-being. Rather, they are simply there to fill a worker's place. Further, the authority of the workshop went on to explain that when asking such questions, one must think about the difference in what the disabled person does as a laborer compared to the non-disabled worker.[115]

People working in the sheltered environments also expressed feeling cut off from society. Often, those over them took advantage of the situation and the person's disability. In another account, a disabled man describes how someone he knows, Josef K., was treated after expressing his discontent. Josef explained to the director of the workshop that he could no longer stand to be there. Calling the workshop a ghetto, he described his inability to leave it and live a normal life. Josef apparently only wanted "to find a wife and to live as a person,"[116] but when the director heard this, the situation escalated quickly. According to the witness, prior to this, Josef K. had never said a full sentence to the director before, so it was assumed he was unable to do so. Finally hearing Josef clearly express his thoughts, the director accused him of being a drunkard and order that Josef be taken away. In response, Josef resisted, letting himself slide from his wheelchair and grabbing the pant leg of the director. The clothing ripped, and two men pulled Josef away. He was then driven off in a Volkswagen, and the disabled man who worked with him never saw him again or knew what happened.[117]

While the entire experience of Josef K. after the confrontation is not described, according to Klee, the man went to Lourdes, where he meets a nurse who listens and advocates for him. Described as a miracle, the two moved in together. The situation was described as a "miracle", as it became clear that the hospitals and rehabilitation systems were not able to 'cure' Josef, but the opportunity to live an equal life just as he described to the director did.[118] This account of Josef's situation highlights a few important things: first, it shows how quickly those

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[115] Klee, *Behindert,* 76-78.
[116] Klee, *Behindert,* 79.
[117] Klee, *Behindert,* 79-80.
[118] Ibid.

in charge made assumptions about people with disabilities, despite their lack of knowledge. Moreover, it shows that these assumptions easily lead to unfair treatment and the possibility of violence against disabled people. On the other hand, Josef's happy ending shows not only that equal participation in life is the best situation for disabled people but again highlights the power able-bodied people had over people with disabilities as Josef was only able to escape a life of exclusion and bouncing between different care institutions because a nurse cared for him enough to advocate on his behalf.

In the German Democratic Republic, graduation from a special school did not automatically mean working in a sheltered workshop. As established in the education section of this chapter, disabled students received one-to-two-year vocational training as part of their education. After their apprenticeship, they were given an occupation, typically in the same company and position that they completed their training in previously. These jobs were decided for them based on their disabilities by a counseling department of their educational institution and were assigned at least a year in advance of graduation.[119] Depending on the students' skill level and the recommendations made after a medical examination, students were placed in low-level jobs, with the potential to go into slightly more advanced industries like agriculture, electrical, and foodstuffs as long as the job had a "limited field of activity" where the responsibilities remained unchanged, consisted of a high degree of manual labor, and had low practical and theoretical demand in comparison to other jobs in the market that would be given to non-disabled people.[120]

Those deemed non-educatable, but trainable also had the right to work in DDR, supposedly not for the materialistic concerns of the State, but to develop "specific personality characteristics."[121] These students are the ones with disabilities to the "highest degree", and

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[119] "Anordnung über die Bewerbung um eine Lehrstelle- Bewerbungsordnung," Gesetzblatt Teil I, Nr. 4/82, January 5, 1982, 101, quoted in Becker, et al., 120.

[120] Becker, et al., 120.

[121] Becker, et al., 121.

who sheltered work in workshops or factories was reserved for. Work at home was also possible for those whose disability was so severe that working with a group was not feasible. Applications to enter a sheltered environment or work at home were handled by the county rehabilitation commission. Based on the results of the assessment and the job given, the responsibilities of the company, work hours, and wage of the employee would be affected. Additionally, the rehabilitation commission was supposed to help the manager of the firm support their workers. Managers were responsible for the training and health of the employees, as well as increasing their own tolerance and understanding towards individuals with limited working capacity and preparing disabled workers to become full members of the collective by supporting housing adjustments, placements in residential homes and schools, providing transport to and from the place of work, and including the worker in social and cultural activities.[122]

The situation concerning the labor of disabled people in the GDR highlights the complicated situation disabled people in East Germany found themselves in. The laws described thus far were implemented with considerable effort and fostered a level of inclusion in the areas of education and labor that failed to be fruitful in the West. Where disabled people had rights to work in theory in the West, their training and jobs were not guaranteed. Quota systems only punished companies with small fines that made little impact, and the school system remained much more rigid and segregated in the West. However, this is not to say that life in East Germany came close to today's standards for disability rights. Sometimes, the work given to cognitively disabled people was meaningless and only given for the sake of doing things. For example, some were assigned "jobs" of taking things apart just to put them together again.

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[122] Becker, et al. p. 122-123; "Anordnung über die Bildung und Tätigkeit von Betriebsrehabilitationskommissionen" Gesetzblatt Teil I, Nr. 18/78, July 14, 1978, p. 229, quoted in Becker, et al., 122.

Moreover, East Germany, despite its effort, still lacked the finances to fully support disabled people. Opportunities were scattered, and technology was lacking, an issue that became increasingly difficult to cope with as the nation crumbled. Ultimately, in a state that stressed the disappearance of disability rather than the acceptance and functioned on the notion that people would have their needs filled based on their ability to contribute, disabled people reported feeling as if they continually needed to prove themselves to society. While laws were passed concerning qtheir lives and inclusion, these measures never consulted disabled people themselves on the matter, as disabled activist groups were not allowed.[123] In summary, disabled people in the German Democratic Republic gained inclusion both on paper and through some measures, but financial strain and stiff ideological traditions kept them from realizing a future built for and by themselves.

Chapter 2.4: Health and Living: Conditions in Care Homes for the Disabled[124]

In the last segment of this chapter, we return to the topic of medical personnel and their interactions with disabled people. While this section will also discuss people outside of care facilities, I would like to draw particular attention to the use of assisted living environments in the postwar era, the treatment within them, and the stigmas surrounding them.

In the 1960s, the previously discussed parent organizations of West Germany rallied against more than just the unequal education system. They also confronted the medical profession, advocating for children to be humanized rather than just medicalized. In the post-war era, disability remained something to be dealt with rather than a fact of life. The developments away from this approach were not made across all aspects of life in a uniform

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[123] Poore, 248-263.

[124] I will use the term "care homes" or "care centers" to refer to institutions where disabled people lived as a collective, though the use of the term may not reflect current connotations of it. Further, it should be noted that there are differences between places such as hospitals, nursing homes, and homes created by welfare organizations. Specific institution types will be pointed out as needed.

fashion, but instead were made slowly and often included only some advancements, while remaining exclusionary in other aspects. This, combined with the previously discussed divides between parents led to differing ideas of the meanings of inclusion. Living situations for disabled people were no different. Those who were able often kept their children at home, arguing that their children deserved to feel like part of the family unit, while others insisted on advocated for better facilities so that they could send their disabled children there in confidence that they would be well taken care of.

At the time that parent organizations were advocating for changes, most homes for where disabled people lived were established by welfare organizations such as the German Red Cross or Caritas, but they were few and far between. These institutions had scarcely changed and remained operative under the assumptions and principles of the prewar years. Often, there were hardly enough rooms, sanitation facilities were lacking, and the care ratio was one staff member to more than 3 residents. Additionally, many of these institutions, and thus the staff and facilities within them, were not equipped specifically for disabled children and also provided spaces for adults and hardly any specialized attention.[125] In 1967, there was a total of 93 homes for the mentally disabled in West Germany, with a total of 15,880 places among them. However, the number of staff total spread across these institutions was only 4,416, leading to a ratio of patients to staff, that is further worsened by the fact that this number of staff members is not all nurses, but sometimes home educators and social workers. Additionally, more than half of the homes did not include enough places, with 69% of them having dorms that housed seven to 25 people, well over the intended amount.[126]

Due to a lack of care and resources in these institutions neglect and abuse were not uncommon. The disabled people who lived in them, and the families who put them there, were

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[125] Jan Stoll, *Behinderte Anerkennung? Interessenorganisationen von Menschen mit Behinderungen in Westdeutschland seit 1945*, Disability History, Vol. 3 (Frankfurt: Campus Verlag, 2017), 155–158.

[126] Stoll, 157.

both heavily stigmatized. Further, this coincided with issues previously discussed around education and labor. Inadequate, dirty, over-crowded places often meant that the education was not satisfactory, if it was actually offered at all, and residents reported working for pennies a day in some cases. While activism to change this began in the 1960s, it was not uncommon for such institutions and their abuse to continue.[127] For these reasons, Lebenshilfe often advised parents on how to keep their disabled children at home, and the support available to do so. However, the organization recognized that this was not realistic for all families and began establishing homes of their own to provide care, as well as urging other organizations, care personnel, and politicians to update existing care facilities to be more favorable.[128]

To account for those who needed to live in separate institutions, Lebenshilfe built and financed additional care homes to be established according to Camphill principles, a movement originating in Scotland that promotes communal care for the disabled [129] The movement, created in the 1940s by Jewish refugees from Austria, revolutionized care for people with disabilities by encouraging full participation in a protected community. In these spaces, disabled people lived and worked together, receiving their education and livelihood all in one place. The aim was that the communities would be entirely self-sufficient, like an ‘island’ away from ableist, mainstream society, and each member would participate fully according to their ability without prejudice.[130] While arguments can certainly be made on whether these communities actually foster inclusion, they were revolutionary for their time, and continue to be highly regarded within the circle of disability rights. It was under these conditions that Lebenshilfe aimed to develop care facilities. The organization faced many problems, including funding and

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[127] See, for example, the case study on care homes ran by the Liebenau foundation, which were found to be sites of abuse, neglect, and exploitation for many years: Susanne Schäfer-Walkmann and Birgit Hein, *“Das Schweigen Dahinter”: Der Umgang mit Gewalt im lebensweltlichen Kontext von Heimbewohnerinnen und Heimbewohnern der Stiftung Liebenau zwischen 1945 und 1975* (Freiburg: Lambertus, 2015).

[128] Stoll, 158-165.

[129] Stoll, 163.

[130] Robin Jackson, “The Austrian Provenance of the Worldwide Camphill Movement,” *Journal of Austrian Studies* 46, no. 4 (2013): 23–40.

disagreements on how the new care centers should be structured physically, but did see success. While Lebenshilfe is not the only organization to make this kind of facility a reality during that time, it was their publicity that popularized the idea among the public and pushed others to follow suit.[131]

Governmental actions were also taken as the calls for disability rights increased. For example, the Federal Ministry of Families and Youth donated 5.9 million DM in 1969 that was used to build 28 new homes specifically for disabled children. Another 4 million DM was given to the organization "Aktion Sorgenkind" (today Aktion Mensch), a lottery-based organization that was founded to assist children with disabilities and their families, again in the aftermath of the Thalidomide Crisis.[132] This is not to say that change was entirely successful- there were certainly care homes that remained in their old ways- but the action does highlight a shift in thinking about assisted living as a tragedy and a mark of exclusion. Not only has there been a shift in thinking from grassroots organizations and bodies of the government, but the funds allotted to various projects by the Ministry of Families and Youth were acquired through joint action with the national post, where citizens could buy specific stamps and have a portion of that money go to these projects that helped youth a West Germany.[133] There were more beneficiaries that were not concerned with children with disabilities, but regardless, public support for such a campaign suggests a certain degree of change and acceptance towards disability in society and disadvantaged populations as a whole, as well as in increased fostering of intersectionality among organizations.

Conditions East German institutions are also marked by both the protests of parents and terrible conditions. Though parents were not allowed to form activism groups among themselves, they were allowed to submit *Eingaben*, official petitions used by citizens to express

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[131] Stoll, 163-165.

[132] "Jungendhilfe per Post," *Honnefer Volkszeitung*, March 8, 1969, 4.

[133] Ibid.

their grievances to the state.[134] When pleas on the local level were unsuccessful, it was not uncommon for parents to turn to this method of petitioning for their children to be placed in homes. However, these pleas often contained ableist stereotypes that fit within the ideal socialist personality. Namely, parents often cited that the child took away their time to work, or that they were so tired after taking care of their disabled child that they were unable to perform at their highest capacity at work. This was especially common for mothers. Despite claims otherwise, the traditional gender roles remained in place in the East, with the mother both working as part of her duties to the country and taking care of the children to fulfill her obligations as a wife. A similar statement was sometimes made concerning the children in the family, stating that the presence and needs of the disabled child put such a heavy burden on the family as a whole unit that it affected the ability of the children without disabilities to do their schoolwork, thus impeding their futures as competent workers.[135] This is not to say that there were no parents who did prefer home care for their disabled children. These problems persisted also for parents who only needed temporary help with their children.

Further, the problem of the disabled body 'fitting' into the socialist personality that was expected of everyone is highlighted again here. That is to say, there is a tension that exists between a state that promises equality for its citizens on the basis, "from each according to his ability, to each according to his needs"[136] and the disabled citizen of that state. Under this principle, the communist state is expected to provide for all, while all citizens are expected to contribute. When dealing with citizens who have disabilities, they are expected to produce as they are able, indicating that society should be fully accessible to them, but this statement also implies that the inability to work is entirely unacceptable, thus promoting access to society

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[134] Pia Schmüser, "'We as Parents Must Be Helped.' State– Parent Interactions on Care Facilities for Children with 'Mental Disabilities' in the GDR," in *Re/Imaginations of Disability in State Socialism: Visions, Promises, Frustrations*, ed. Kateřina Kolářová and Martina Winkler, Disability History, Volume 8 (Frankfurt: Campus Verlag, 2021), 215-257.

[135] Schmüser, "'We as Parents Must Be Helped'", 227-234.

[136] Karl Marx, *Critique of the Gotha Program*, Foundations, #16 (Paris: Foreign Languages Press, 2021), 16.

disabled people as well as their betterment, while at the same time excluding the most severely disabled from national consciousness and placing the value of citizen in their ability to produce. In this framework, disability could either be something to be viewed as a problem for the masses, or something that could be overcome through rehabilitation, depending on the resources available to a person and their type of disability. This issue remained in the GDR for its existence and often underlined the ways in which East Germany made unsteady steps towards progress while simultaneously perpetrating continued exclusion. Put simply, care for the disabled was not a uniform phenomenon. The attention paid to the matter oftentimes opens additional doors that do not always exist in West Germany, but rarely is it done for the sake of caring for disabled citizens. Rather, it is service provided for the sake of forcing citizens to fit the national mold.

The inability to obtain care for one's child automatically as parents saw fit was much bigger than just pressure from the state to create good workers out of children whenever possible. It was also, as many other things in East Germany were, an issue of resources. In regard to living opportunities for disabled people, the two German states did not differ very much in this regard. In East Germany too, care facilities were usually run by religiously affiliated organizations like Diakonie or Innern Mission. These homes, while they existed, were not built specifically for the needs of disabled people and did not live up to the standards an assisted living facility would be held to. More often, people would be placed in hospitals and psychiatric institutions, obviously mixed with patients of very different needs. According to the Health Ministry, in 1986, there were 2,251 assisted living places and 11,772 places in care facilities such as clinics. For many people, these stays were long-term, if not permanent. In psychiatric institutions specifically, 50% of people stayed 2 years or longer, and 25% stayed for more than 10 years.[137] Hospitals also offered striking statistics. In one case, 72.25% of patients were long term patients with an average stay length of more than 14 years. Of this group, 44.9% were intellectually disabled.[138]

The buildings of these institutions were also often worn out and falling apart, with most of them being around 80 years old. Building of new structures was also not possible. In addition to lack on nurses, doctors, and other care personnel available in the GDR, the building of new structures operated on the condition of care rates only being 3.50 marks per child, per day, a standard impossible to uphold while providing proper care.[139] Old buildings, high numbers of patients with an inadequate number of staff members, and unspecialized care led quickly to high rates of abuse and neglect towards people with disabilities in these institutions. For this reason, many disabled people stayed with their parents, either because applications to put them in separate institutions away from home were denied or because their parents knew they would not be taken better care of elsewhere. Despite the attention being brought to the challenges faced by disabled people in the later years of the GDR,[140] satisfactory conditions were not beginning to be reached until the fall of the Berlin Wall, when Lebenshilfe was able to extend their services to East Germany. It was then that many disabled people began moving into assisted living facilities in an attempt to live independent lives.[141]

Beginning in the 1960s, both East and West Germany implemented care for the disabled into their nations' policies, though they did so in varying ways. Both German states claimed to provide the best care to citizens and had different approaches to disability. In the West, a gradual, yet unsteady shift to the social model begins taking place in the 1970s and 80s, while the East holds tightly to the medical model for the purposes of rehabilitating citizens into

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[137] Sebastian Barsch, *Geistig behinderte Menschen in der DDR. Erziehung - Bildung - Betreuung*, 2nd ed., Lehren und Lernen mit behinderten Menschen 12 (Oberhausen: ATHENA, 2013), 156.
[138] Ibid.
[139] Barsch, *Geistig behinderte Menschen in der DDR*, 157–59.
[140] See Schmüser, "'We as Parents Must Be Helped'" for more on disability policy and attention under Honecker.
[141] Barsch, *Geistig behinderte Menschen in der DDR*, 187.

productive workers. While this approach is generally frowned upon in modern Disability Studies discourses, it sometimes provided more room for inclusion in East Germany, for example by creating a less rigid school system and labor opportunities. However, this was not the case for all people with different kinds of disabilities, and the distinctions drawn implement a level of exclusion that leaves the nation in a ‘one step forward, two steps back’ situation. Through the analysis given in this chapter, we see that government intervention (or lack thereof), created an unsteady movement toward disability rights that nearly caused the entire cause to become stagnant. These continuous moves to inclusion and backsteps towards exclusion created divides among disabled people and those who cared for them that lasted far past the reunification of Germany and could easily constitute a place for further research as a topic on its own. Moreover, it is important to remember that while we cannot fully dismiss the progress that *was* made during this time, it was rarely made with the wellbeing of the disabled civilian in mind, but with the State’s interest in increasing the workforce in a defeated country at the forefront.

CONCLUSION

In 1992, the sentence “No person shall be disfavored because of disability” was inserted into the German constitution.[142] This was the first time that disability rights were guaranteed on the federal level across all sectors. However, the addition itself had little effect, as more specific rules were needed in order to enforce the law. Moreover, East Germany’s “loss” of the Cold War and its subsequent adoption of all West German laws and systems destroyed the possibility of merging the two systems and resources in a way that would advance the rights of people with disabilities in Germany. To this day, unequal education and unsatisfactory workshops continue to exist, while others raise concerns about the conditions of group homes. Some have called on the United Nations to address the issue, as they find it to be a violation of The Convention on the Rights of Persons with Disabilities which Germany signed in 2007 and formally ratified in 2009.[143]

In this thesis, I have traced patterns of inclusion and exclusion from the period of occupation until 1989. In chapter one of this thesis, I argued that the calls from the Allied powers to face the crimes of Nazi Germany and compensate the victims of the Holocaust never explicitly aimed to bring justice to disabled victims or their surviving family members, because they deliberately refused to consider these people victims of National Socialism. In the second chapter, I examined the policies of the two German states and argued that neither a harping for democracy nor the promise of a classless society made a uniform impact on disability rights, either for lack of intervention or resources. Additionally, the steps that were made were not

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[142] *Grundgesetz für die Bundesrepublik Deutschland*, §1, article 3.

[143] United Nations Committee on the Rights of Persons with Disabilities, “Consideration of Reports Submitted by States Parties under Article 35 of the Convention. Initial Reports of States Parties: Germany” (United Nations, May 7, 2013). See also the corresponding press release: “Committee on the Rights of Persons with Disabilities Considers Initial Report of Germany,” *United Nations Human Rights Office of the High Commissioner* (United Nations, March 27, 2015), https://www.ohchr.org/en/press-releases/2015/03/committee-rights-persons-disabilities-considers-initial-report-germany.

made for the sake of people with disabilities, but for the labor that they could potentially provide to the State if included and given proper care.

In West Germany, the desire to follow in the footsteps of other Western countries, especially regarding the issues of sterilization presented in chapter one, often served as a justification for post-war exclusion in reparations policies. The Allies' approval of allowing German courts to prosecute Holocaust crimes, if they were committed by Germans against German citizens or stateless people, led to the acquittal and re-employment of countless medical staff who continued to work with sick and disabled people without protest from the public because both German states were able to put their economic interests above disability policy without checks. This clearly shows the disregard present for people with disabilities as well as the way that to some regard, 'denazification' was only successful if expelling the person in question did not have an impact on the rebuilding of the nation, putting the stress on politics and economics rather than care for survivors and the families of victims.

Only in the Soviet Zone did we see direct action banning the sterilization law as legislation that had reflections of Nazi spirit, yet this had little to no effect on the policies of people victimized because the East German state refused to take responsibility for the job of rectifying the wrongs of war. This reasoning was given because the German Democratic Republic saw itself as the legal, rightful replacer of Nazi Germany which was established specifically to act as an antifascist body. Here, too, while there were higher overall percentages of convictions of Nazi criminals, the same could not be said for the medical sphere, which was found to be crumbling. East Germany certainly used its higher overall conviction rate as a talking point against West Germany, but when examining denazification as a measure of protecting people with disabilities to the same degree as other groups targeted by National Socialism, the two states are both lacking in their responses.

In the aspects of everyday life, we see a more significant divide between East and West Germany in the attempts at addressing disabled people in society. This difference starts at the most basic level of defining disability. Whereas West Germany refused to define disability for fear of encouraging the required reporting that enabled the Nazi euthanasia program, East required that disabilities be reported to the Health Ministry as early as possible so that early intervention could encourage faster, more successful rehabilitation. Despite the fact that East Germany was never successful in obtaining a full picture of disability in the country, this does show a level of concern and initiative in the care of people with disabilities.

Even though reporting did not take place formally in West Germany, it is possible to get some insights through the social welfare system on the ways that West Germany saw disabled people. For starters, this system was only accessible to people with disabilities who had worked in the past and become disabled through an accident, and the war disabled, creating a divide between the groups that persisted throughout the fight for disability rights. Distinctions of who was ‘genuinely’ disabled and who was not blatantly carried on ableist categorizations of children born with their disabilities, and thus would not be able to work when they reached adulthood, especially those who would never obtain jobs even in special environments.

When it came to matters of educating disabled children and employing them once they became adults, both West and East Germany established separate, special school systems that encouraged a level of separation of disabled students from their peers. However, they had different degrees of advancement ability. In West Germany, education in special schools remained stigmatized and segregated in a parallel system, with almost no ability for the students to earn a standard school leaving certificate. This depended on the state that the child lived in, but most of the federal states did not allow integrated schools, and the federal courts supported this action. Moreover, disabled people, once they completed their education, worked exclusively in sheltered workshops for low wages after their graduation.

East Germany was more flexible in this regard. The classification of disabilities allowed the GDR to create separation in schools for children with milder disabilities and develop specialized curriculums. In rare cases, they were able to obtain the abitur at a barrier-free school if the child's disability were only physical. However, those in special schools were given training and received jobs in regular workshops whenever possible, with the goal of integrating them into the larger collective. Sheltered workshops also existed, but they were used only when absolutely necessary and were endorsed by a health professional on a case-by-case basis. Otherwise, low-skill jobs in the standard market were preferred.

This is not at all to suggest that East Germany did a perfect job of integrating disabled children into society. While the recognition of different degrees of disability allowed for varied education, the distinction of children as 'educatable' and 'trainable' (or not) is problematic at best, and children who were more severely disabled and unable to work were considered 'nursing cases' who were simply placed in daycares, hospitals, or nursing homes, usually with inadequate resources, in old buildings, without enough personnel to help take care of them when needed. These institutions were run by the Ministry of Health and provided no education to the children within them, who also lacked specialized care due to the mixing of children and adults, disabled and sick.

Unfortunately, West Germany also had care homes with bad conditions. However, this began to change in the 1970s. With the beginning of psychiatry reform, institutions began to differentiate between permanently disabled patients and those with temporary illnesses. With this, came a separation of care according to the specializations people required. Prior to this, many parents refused to place their children in institutions outside the home out of fear that they would be neglected. A massive development came around this time also, when the organization Lebenshilfe began expanding its reach by building more residential facilities. These new homes were communities run under the Camphill model of inclusion, which encouraged communal living among people with disabilities in a place where they worked and were educated according to their abilities. The ultimate goal of this model was for the living facility to be as self-sufficient as possible while fostering feelings of value and belonging among the residents. This model of living was not adopted in the East until 1990, as it became clear that reunification was on the horizon.

As stated earlier, many of the advancements made by East Germany, where they existed in education and labor, were simply done away with after the reunification of Germany. Divisions of children based on their type of disability continued to exist, but the stricter, more parallel system of West Germany was adopted on the federal level, with discrepancies only existing on the state level. Improvements to accessibility and inclusion in the nation have obviously been made, but they are the product of decades of campaigning by disability activists that continues to take place, as equality in these sectors still has yet to be implemented on the federal level.

While the title of this thesis stems from the slogan “nothing about us without us,” a sentence widely popularized in the 1990s among disability advocates, this work is by no means a comprehensive study of the Disability Rights Movement in Germany. A project with a much bigger scope and a more complex approach would be needed to achieve such a goal. This thesis instead stands as a starting point for more study on the history of disability rights in Germany and intentionally leaves room for unanswered questions and further research on the topic, especially the disability rights movement itself after reunification.

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