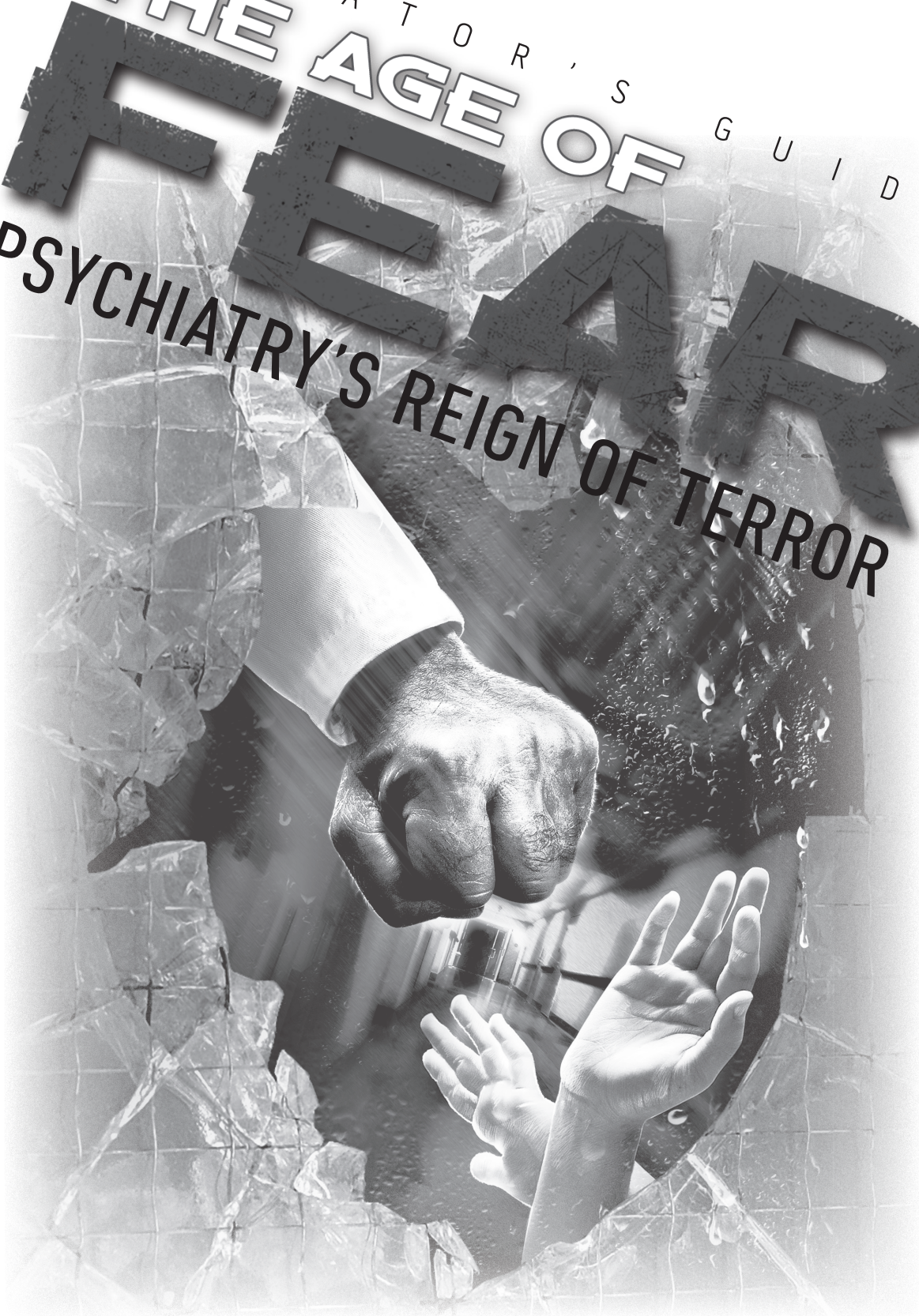


E D U C A T O R ' S   G U I D E

# THE AGE OF FEAR

PSYCHIATRY'S REIGN OF TERROR



## Important Information for Readers

This Educator's Guide and the accompanying DVD, *The Age of Fear: Psychiatry's Reign of Terror*, provide insight into psychiatry's long history of human rights abuses, culminating in the conceiving, organizing and running of the sterilization and extermination campaigns of Nazi Germany. For decades afterward, leading psychiatrists in Germany and around the world consistently denied or greatly minimized their profession's main role in Nazi Germany's euthanasia atrocities.

But in fact, psychiatric atrocities have never really ended, and today extend to contemporary practices such as psychosurgery, electroshock and powerful mind-altering psychotropic drugs.

Is any of this even medically justified?

In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Diseases are proven to exist by objective evidence and physical tests. The same can not be said of mental disorders, which are assigned to the person on the basis of opinion. As the late Dr. Thomas Szasz, Professor of Psychiatry Emeritus, observed, "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases."

Does this mean that people don't have "ups and downs," or feel unhappy or anxious, sometimes for long periods of time? Of course not.

It does mean that because these conditions cannot be proven medically, they do not need to be treated with powerful, side effect-laden psychiatric drugs that only mask the real underlying problem.

*An important note:* because of the withdrawal effects from these psychotropic drugs, it could be dangerous to suddenly cease taking them or to reduce their dosage or frequency without the advice and assistance of a competent medical doctor or medical practitioner.

Citizens Commission on Human Rights (CCHR) does not offer medical advice but provides the information in this Guide and documentary as a public service.

CCHR is very interested in receiving your feedback after you have seen this documentary and can help activate you in joining us in fighting the abuses of psychiatry. Email us at [contact@cchr.org](mailto:contact@cchr.org).



# MISSION STATEMENT

The Citizens Commission on Human Rights investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. It shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.





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# INTRODUCTION

## WHY GERMANY?

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Psychiatry was, in fact, born, nurtured, and grown in Germany. It was in Germany where psychiatrists laid the groundwork for the most horrendous human killing campaigns in history—and it was in Germany where we found people who know the inside story, from the days of the European madhouses through the lethal psychiatric campaigns of the Nazi era, to modern day.

*The Age of Fear*, made by award-winning documentarians, goes to the heartland of psychiatry's historic influence—Germany. There, they interviewed experts and professionals about psychiatry's legacy of creating fear and terror in the lives of millions of individuals and families, not only in Germany but around the world.

The centerpiece of this documentary is psychiatry's responsibility for the killings committed by the Third Reich, a role for which psychiatrists have long denied responsibility.

Psychiatrist Johannes Meyer-Lindenberg, the 1990 president of the German Association of Psychiatry and Psychotherapy (DGPPN), excused his profession's crimes by stating, "Science was manipulated by politics."

In 2009, Dr. Nada Stotland, then president of the American Psychiatric Association, responded to mounting evidence proving the guilt of her profession by insisting to the media that it was "patently ridiculous" to say that psychiatrists in any way caused the Nazi campaigns of death.

All that changed, however, a year later in November 2010, when Dr. Frank Schneider of the German Association of Psychiatry and Psychotherapy (DGPPN) told colleagues he was "ending the silence."

During National Socialism, he admitted, "psychiatrists and representatives of psychiatric associations repeatedly disregarded and heinously reinterpreted their professional duty to



treat and care for their patients... psychiatrists abused and killed vast numbers of people.” He even added that psychiatrists continued the killing of mental patients in secret even after Hitler ordered it stopped.

Beside laying out the entire history behind how such an unthinkable catastrophe could have come to pass, *The Age of Fear* provides the background to Dr. Schneider’s damning confession. It documents the disturbing progression of psychiatrists as providers of the ideological terror that formed Hitler’s plans, including piloting the gas chambers in psychiatric institutions, planning the state-sanctioned killing of millions of Germans and Europeans, acting themselves as executioners and escaping prosecution and responsibility for their “Reign of Terror.”

- 2 Even more disturbing is the fact that their adherents not only escaped punishment after the war, they flourished. Some helped establish a World Federation for Mental Health and advised governments on mental health policy and funding. Today, their philosophical descendants continue the same sordid theories and practices used before and during the Third Reich under the guise of “mental health care.” Though far more subtle than the programs run by Nazi psychiatrists, modern psychiatry is no less damaging. Witness the destructive drugging of 20 million children worldwide—some younger than one year old—with addictive stimulants such as Ritalin. And all for common childhood behaviors such as running, climbing and fidgeting in class.

This documentary and educational manual are provided free of charge to those concerned historians, professors, educators and anyone who cares about human rights and freedom and wants to learn and share this information in the hope for a better world and a brighter future.

This Guide and DVD are based on 40 years of research and work with healthcare professionals and are produced in the public interest by Citizens Commission on Human Rights, the preeminent international mental health watchdog group.

*Note: If you have questions or need assistance before starting or at any time during your seminar, e-mail us at [contact@cchr.org](mailto:contact@cchr.org).*









# GETTING STARTED

## INSTRUCTIONS FOR THE EDUCATOR OR SEMINAR LEADER

**E**xhaustively researched and presented in meticulous detail, *The Age of Fear: Psychiatry's Reign of Terror* exposes the long history of psychiatric human rights violations, stemming from the abuses of its earliest days, through Germany and the horrors of its Third Reich, and continuing unabated to today. This is a story not limited to those unfortunate enough to have been committed to mental institutions—it's a story that affects all of us.

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The educational manual and documentary primarily aim to elicit debate about how entire societies could accept and adopt such oppressive psychiatric rationales for the torture and killing of those deemed “unfit”—and willingly follow the imagined “authority” of those claiming to be scientific, but in reality anything but.

Secondly, while the horrific human tragedy of the Nazi era in Germany rightly holds a dominant place in our recent history, it is also vital to see it as part of an ongoing psychiatric modus operandi that has been a hallmark of the profession since its very beginnings.

Case in point: the Third Reich, where Nazi psychiatrists used “science” to convince the German population that the elimination of the “weak” was a benevolent and necessary practice—that it was help, not harm. This was not limited to Germany; in countries throughout the world, citizens were deluged with propaganda legitimizing the elimination of “undesirables,” massaging public opinion and paving the way for societal acceptance of the killing campaigns that were to come.

This same propaganda would help implement and maintain apartheid in South Africa, the forced incarceration of political dissidents in the gulags of Soviet Russia, and the mass sterilization of the “unfit” in early 20th century America.

Do these abuses still exist today? Watch the second half of the documentary and you will witness some shocking personal testimony showing that not only have the methods of



force, fear and intimidation so distinctive of Nazi psychiatry never died—these tactics still dominate today's mental “health” landscape.

Yes, psychiatry's “age of fear” is very much alive. And as you will see, its abuses can happen to anyone of any age, race or socioeconomic class—and in every civilized country on earth.

### USE OF THE GUIDE AND DVD: RECOMMENDED SEQUENCE

1. Watch *The Age of Fear* documentary DVD to become familiar with it.
2. Read *The Age of Fear* booklet in this kit.
- 6 3. Study the seminar plan. This plan includes the Primary Question, answered by the documentary chapter; the Learning Objectives and the Content for each chapter of the documentary; plus Discussion Questions after a showing of the chapter of the DVD.

For a complete understanding of the subject, it is recommended that you administer the entire seminar plan. If, however, you have a limited amount of time or your audience is particularly interested in a specific portion of the seminar, you can select the appropriate section and eliminate the rest.

The running times of each chapter are included in the seminar plan so that you can estimate the length of your seminar.

4. Read the document called “Actions to Take” at the end of the Seminar Plan section. This covers various actions that parents, co-workers, colleagues, and many other individuals can take to help bring an end to the epidemic levels of psychiatric fad diagnoses and psychotropic drug prescriptions, and protect themselves or others from this abuse.
5. Read the section about securing human rights. Find out the successful actions that have brought about significant reforms in the psychiatric drug industry, especially those regarding the forcing of children to take psychiatric drugs. This section includes the United Nations Universal Declaration of Human Rights and the Nuremberg Code—both instruments penned in response to the horrors of the Holocaust.
6. Read the appendix section which includes the “In Memoriam, Psychiatry Under National Socialism: Remembrance and Responsibility” and the “Chronology on the Birth and Development of Eugenics and the Holocaust”.



7. In preparation for the seminar do the following:
  - a) Print sufficient copies of the Feedback Report Form for attendees to fill out.
  - b) Make copies of any of the Appendix items and forms you want to hand out to attendees.
  - c) Print copies of the Glossary of Terms so it is available to seminar attendees during the seminar.

**Note:** Above items can be downloaded at [cchr.org/educator/ageoffear/downloads](http://cchr.org/educator/ageoffear/downloads).
8. After you have chosen your seminar plan and are ready to start, read out the “Primary Question” to the seminar attendees, letting them know that this question will be answered by the documentary chapter.
9. Next, to orient the attendees, read out the Learning Objectives for the chapter you are about to show.
10. Then read out the Content information to give attendees some basic data about the chapter they are about to watch.
11. After watching the chapter of the documentary, ask the first Discussion Question and get a discussion going about the chapter they have just seen. Continue with the next Discussion Question, until you are satisfied there are no more answers. Ask each of the Discussion Questions in that section.
12. Move on to the next section as indicated in the seminar plan.
13. At the end of the seminar session distribute to the attendees their copy of *The Age of Fear* booklet included in your Educator’s package, along with any other documents you prepared in point 7 for their use.
14. Carry on with the remaining modules following the directions in the Guide.
15. At the end of the seminar delivery, distribute the Feedback Report Form to each attendee and have them fill it out.
16. Send all Student Feedback Report Forms along with your Seminar Leader Feedback Report filled out to CCHR Int at the address at the end of the form.
17. If possible, please video your seminar and send your video to CCHR Int. This will assist us in documenting the utilization of our materials so that we can continue to make them available for free to educators.
18. If you have any questions or need any assistance, email us at [contact@cchr.org](mailto:contact@cchr.org).











# SEMINAR PLAN

## PART I: THE HISTORY OF PSYCHIATRY'S AGE OF FEAR MODULE I: PSYCHIATRY'S AGE OF FEAR BEGINS

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### Primary Question:

- How did psychiatrists succeed in moving from the lowly status of madhouse attendants to being perceived as “medical experts” in the field of mental health?

### Learning Objectives:

- Understand that from its earliest beginnings, psychiatry has employed force, intimidation and fear to control its patients, not to heal them.
- Understand that psychiatry’s core beliefs, such as Wilhelm Griesinger’s idea that “all mental disease is brain disease,” have never been proven scientifically.

### Content:

The seminar leader or educator can introduce this chapter of the DVD with the following information:

It’s been said that history repeats itself, but is this really true? When it comes to psychiatry, absolutely yes.

This documentary covers the history of psychiatry, and specifically how psychiatry’s past heavily influences its present. It’s a very controversial topic, but one that you should know the facts about.

To begin with, why focus on Germany?

Mainly, Germany serves as the backdrop for this documentary because psychiatry was born there, took root there, and committed one of its most horrific atrocities there (more about this later). Germany is also a perfect example of a country where modern psychiatry is applied not for therapy but for punishment.



We begin in the madhouses of Europe, where early psychiatrists, then called “alienists,” were little more than attendants to the mentally ill. With no ability to cure or even ease madness, they resorted to cruel punishments to silence those they were caring for. The most effective weapons, they found, used fear.

Indeed, this documentary will show that early psychiatry’s “age of fear” has never really ended, but has continued all the way to present day.

The word “psychiatry” was coined in 1808 by German professor Johann Christian Reil, from the Greek words “psyche” meaning soul, and “iatros”, or doctor. But despite their newly minted name, these self-professed “doctors of the soul” never functioned as such, and continued to employ fear in an attempt to quiet their patients.

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In fact, psychiatrists have never believed in the “soul.” In an attempt to attain the more well-respected status of “medical doctor” for his profession, mid-19th century psychiatrist Wilhelm Griesinger proclaimed that “mental illnesses are brain diseases,” and that the soul was only a function of the brain. This launched a 150-year attempt by psychiatrists to prove Griesinger’s claim, which to this day has never succeeded.

Psychiatry was launched into the mainstream in 1879 at Leipzig, Germany, where Wilhelm Wundt established the first university psychological laboratory in the world. Students came from all across the globe to study there, and this launched psychiatry as a “medical profession” internationally.

However, Wundt’s theories were very suspect. He believed that man was basically a stimulus-response animal whose behavior had to be molded in order to fit into society.

These theories were picked up by Russian physiologist Ivan Pavlov, who studied in Leipzig and later performed some famous stimulus-response experiments where dogs were made to salivate at the sound of a bell in anticipation of food. What is not well known is that he performed the same type of experimentation on children to see if humans could be conditioned that way, too.

### **Documentary:**

**Note:** The Chapters to be viewed as part of each module are found in the “Chapters” menu of the DVD.

Show:

Chapter 1: Introduction: A Society in Trouble (6:15 mins.) and

Chapter 2: Psychiatry’s Age of Fear Begins (9:15 mins.)

**Discussion Questions:**

1. What were some of the earlier treatments offered by psychiatrists? Would you consider them “good medicine”?
2. How did psychiatrists go from being madhouse attendants to “experts” in the field of mental health?
3. In what ways has psychiatry historically relied on never-proven “theories” for its authority? What examples of psychiatric “theories” can you think of that have never been proven scientifically?



## MODULE 2: MAIMING THE INNOCENT

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### Primary Question:

- How did psychiatrists justify the sterilization of hundreds of thousands of those they deemed “inferior”?

### Learning Objectives:

- Understand that the pseudoscientific psychiatric ideology of “eugenics” is responsible for the maiming of hundreds of thousands of people throughout the world and the persecution of countless more.
- Understand that psychiatrists were tirelessly promoting eugenics for thirty years before the Nazis even came to power, and in fact, had enacted sterilization laws around the world as early as 1907—some 26 years before the Third Reich began in Germany.

### Content:

This chapter addresses the psychiatric forces occurring in Germany from the mid 1800s through 1939, beginning with eugenics, developed by Wundt contemporary, British psychologist Francis Galton.

Eugenics was the theory that human beings could be selectively bred to encourage desirable traits and weed out the undesirable.

Galton believed that behavior was one of those traits controlled by genetics. But underneath Galton’s so-called “scientific inquiry” was blatant racism that justified his maltreatment of poor people and ethnic minorities.

Wundt’s student, psychiatrist Emil Kraepelin, also believed that mental illness was a hereditary illness. He would become the most influential psychiatrist of his time, and his early attempts to classify mental illness still form the basis of psychiatry’s diagnosing manual today.



Kraepelin's student, Swiss psychiatrist Ernst Rüdin, would become the pivotal force for the Nazis when they came to power in 1933. Factually, 28 years earlier in 1905, he and his brother-in-law, German eugenicist Alfred Ploetz, started the first organization promoting eugenics, or what Ploetz termed "racial hygiene", which the Nazis later picked up as their central ideology.

Germany was not the first to adopt the racist policies of eugenics. In the American state of Indiana, for example, psychiatrists successfully had laws passed as early as 1907 allowing the sterilization of the feeble-minded. By 1934, a year after the Nazis came to power, twenty-eight American states already had eugenics sterilization laws on the books.

It was not until the Third Reich began that the Nazis turned to Rüdin to write the 1933 law allowing sterilization of the feeble-minded in Germany.

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With this law in place, psychiatrists in Germany would officially begin the wholesale sterilization of mental patients. In the next 12 years, a total of 400,000 German citizens would be sterilized, many having no idea what was happening to them.

**Documentary:**

Show Chapter 3: Maiming the Innocent (11:14 mins.)

**Discussion Questions:**

1. How scientific is the psychiatric theory of eugenics? Is there any proof that it works?
2. How can eugenics be used to justify racism and prejudice against the weaker members of society?
3. How did psychiatrists and the Nazis partner to put eugenics into practice, and how did they both benefit from their alliance?
4. Where have you seen examples of eugenical thinking in today's world?



## **MODULE 3: PSYCHIATRIC MURDERERS OF THE THIRD REICH**

16

### **Primary Question:**

- In what ways did psychiatrists occupy the leading role in the killing campaigns of the Nazi era?

### **Learning Objective:**

- Understand that top psychiatrists in Germany conceived, organized and ran the killing campaigns of the Third Reich.
- Understand that psychiatry took the next logical step from eugenic sterilization to create the template for the murders by injection, starvation and gassing that took place in the concentration camps during the Holocaust.
- Understand that the psychiatric ideology of eugenics embraced by Nazi psychiatrists was never abolished after the end of Hitler's Third Reich, but has continued to present day.

### **Content:**

After six years of sterilizing those deemed “inferior,” in 1939, German psychiatrists took the next logical step, labeling them “life unworthy of life”—and killing them.

Children were the first to be murdered. At first they were starved to death to avoid detection. Later, they were killed with injections of morphine and gassing with cyanide and chemical warfare agents. After murdering these children, workers at the centers frequently removed their brains and sent them to psychiatrists who wanted to use them for research.

Then, at the behest of psychiatrists in his circle, Hitler would issue a secret decree expanding the so-called “euthanasia”—or its other euphemism, “mercy killing”—to include feebleminded people of all ages.



In order to facilitate the murders, six psychiatric institutions were converted into official killing centers where victims would be taken from mental hospitals all over Germany. To avoid detection, those designated for death were whisked away from their asylums in the early hours of the morning under cover of darkness.

In total, 70,273 people deemed “life unworthy of living” were slaughtered by psychiatrists before mounting public outrage forced the Nazi government to order a stop to the murder campaign. But psychiatrists would continue their murder spree in secret, killing another 230,000 mental patients on their own and behind closed doors.

But the killing of those who psychiatrists deemed “inferior” had only just begun. In fact, when Hitler decided to move the killing into the concentration camps, he called upon top German psychiatrists.

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All told, between 11 and 17 million people were murdered during the Holocaust, all judged eugenically “inferior” and marked for death. And psychiatrists designed the entire machinery.

At the War Crimes Trials in Nuremberg that followed, experts all agreed that the mass murder programs would never have happened if psychiatry hadn’t conceived, organized and run them. But curiously, very few psychiatrists were ever brought to trial, much less convicted of anything.

In fact, most psychiatrists, still committed supporters of eugenics, returned to their homes and took up right where they left off before the Nazis came to power, taking over well-paid, well-respected positions.

Psychiatrists also emigrated throughout the world to spread the many ideologies of German psychiatry to entire new generations.

### **Documentary:**

Show:

Chapter 4: Psychiatric Murderers of the Third Reich (11:00 mins.) and

Chapter 5: Nazi Psychiatrists Escape Justice (5:30 mins)

### **Discussion questions:**

1. How did German psychiatrists justify the killing of mental patients, and later gypsies, Jews and other minorities in concentration camps?
2. How were psychiatrists able to escape accountability after the war?



3. In what ways was the partnership between psychiatrists and the Nazi government mutually beneficial?
4. Who benefited the most from the alliance?
5. What are your views about Nazi psychiatrists being given positions of power in their professional association after the war and allowed membership in the World Federation of Mental Health?





# **PART 2: CONTEMPORARY PSYCHIATRY**

## **MODULE 4: FEAR IN TODAY'S PSYCHIATRIC INSTITUTIONS**

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### **Primary Question:**

- How do psychiatric institutions today use fear and intimidation to control their inmates and how does this mirror how psychiatry has handled people with psychological and emotional problems throughout its history?

### **Learning Objectives:**

- Understand that almost nothing materially has changed in psychiatry's treatment of its institutionalized patients, only the methods themselves.
- Understand that the preferred psychiatric "treatment" today, psychiatric drugs, does not heal a thing, but masks the problem and comes with some very severe and even lethal side effects.

### **Content:**

Throughout the world, psychiatry's influence can be felt everywhere—in our schools, our court systems, the media, the military, and even our governments.

But has psychiatry learned from its past? Or do today's psychiatrists still inflict damaging "treatments" on their helpless victims?

In this chapter, we meet four psychiatric survivors from the mental institution of Haar, located on the outskirts of Munich in southern Germany. These survivors' horrific accounts of life in Haar prove that in psychiatric institutions, the cruel and barbaric practices have never stopped but have continued in another, less obvious form.

Their stories also demonstrate how easy it is to be diagnosed and involuntarily committed into a psychiatric institution. And once inside, you are at the mercy of your captors.

Just as those who did not conform to the societal "norms" in times before were whipped,



chained and put into cages, today's nonconformists are drugged into a stupor. As for actual comfort and support, it's nowhere to be found.

Like many detained in today's psychiatric hospitals, the psychiatric survivors in this documentary came out of the asylum not only worse off, but deeply traumatized. Haar is, in fact, a present-day reminder that far from being places of healing, psychiatric institutions have always functioned as the worst sort of prisons, where someone can be incarcerated against their will without even being charged with a crime.

Then there's the rampant forcible administration of psychotropic drugs.

Today, there is a powerful alliance between the drug industry and psychiatrists, most of whom depend on psychiatric drugs for their livelihood—all of which creates a deadly conflict of interest.

For not only are psychiatric drugs regularly used in institutions to sedate and control, but these same drugs are being given to the general public worldwide and are today an \$84 billion a year industry.

And what psychiatrists won't tell you is that all of these drugs are laden with damaging and potentially devastating side effects, as we discovered from a very senior German physician and drug expert.

Every year, over three quarters of a million people worldwide are involuntarily committed to a mental institution and stripped of their rights—an average of one person every forty seconds.

### **Documentary:**

Show Chapter 6: Fear in Today's Psychiatric Institutions (13:50 mins.)

### **Discussion Questions:**

1. Discuss how it could be that a psychiatric patient committed to a mental institution could have fewer rights than a criminal.
2. Discuss psychiatry's conflict of interest with the pharmaceutical industry and how each one benefits the other. What examples have you seen of drug company advertising warning that you may have a mental illness and advising you to "see your doctor" for a psychiatric drug?
3. Which one of these survivors' stories resonates with you the most, and why?



# **PART 3: HARMING OUR FUTURE GENERATION**

## **MODULE 5: PREYING UPON CHILDREN**

### **Primary Question:**

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- What are the dangers of modern psychiatric infiltration of the everyday lives of parents and children, and how can they protect themselves and their loved ones?

### **Learning Objectives:**

- Understand that children are in particular the target of psychiatrists and drug companies because they are vulnerable, compliant and can be turned into lifelong customers.
- Understand how easy it is to have oneself or loved ones diagnosed with a psychiatric “illness,” and lose custody of them.
- Realize that the diagnosing and forced abduction of children for mental “disorders” has frightening similarities to psychiatric practices of Nazi Germany.

### **Content:**

Psychiatrists have accumulated a miserable track record and a long trail of victims. Nevertheless, these self-described “mental health experts” have used their authority to infiltrate almost every aspect of modern society. And it begins with the most vulnerable: our children.

It was in the early 1960s that American psychiatrist Leon Eisenberg announced—without any medical proof—that normal childhood behaviors such as fidgeting and inattention were supposedly signs of a psychiatric “syndrome”, later called Attention Deficit Hyperactivity Disorder, or “ADHD.”



Psychiatrists have now decreed that over 74 million normal kids worldwide are “mentally ill” with ADHD—and over the years, the ages of the children diagnosed have fallen again and again. Worldwide, 20 million children are currently taking psychotropic drugs.

Shortly before his death in 2009, psychiatrist Leon Eisenberg confessed that ADHD was a terrible mistake, calling it “a prime example of a fictitious disease.” But it was too late—a psychiatric juggernaut was underway.

Today, psychiatrists are forcing families all over the world to put their children into psychiatric treatment. And if parents don't comply, children are literally ripped from their homes.

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In fact, today—just as in the days of the Nazi psychiatrists with their patient registration forms—you or your children can even be diagnosed with a mental illness by a psychiatrist you've never met. And his decision can be based on as little as an allegation made by a vindictive neighbor or a health survey in school.

Why do psychiatrists commit such blatant injustices? Money.

### **Documentary:**

Show:

Chapter 7: Preying Upon Children (33:53 mins.) and

Chapter 8: Psychiatric Child Abduction (8:10 mins.)

### **Discussion Questions:**

1. What would you tell a parent who is considering having their child tested for a psychiatric diagnosis such as Attention Deficit Hyperactivity Disorder?
2. What parallels do you see between the Nazi “mental hygiene” programs and today's mental health programs?
3. Mental health screenings have become very prevalent in schools and universities. Even a doctor's visit may include a questionnaire asking about your emotional state. What types of hidden psychiatric screening techniques have you witnessed, and knowing what you know now, what would you do about it?
4. What legal and constitutional protections need to be in place to shield families from having their children taken away, involuntarily committed and given enforced psychiatric “treatment”?



## MODULE 6: WHAT YOU SHOULD DO

### Primary Question:

- What must be done to eradicate the abuses of psychiatry increasingly present in every aspect of the civilized world?

### Learning Objectives:

- Understand that eugenical psychiatry is increasingly making its presence felt in today's world, and how to recognize it.
- Understand that an “apology” by German psychiatrists for atrocities committed nearly 70 years ago does not go far enough, and that psychiatry must be held accountable for the abusive practices it continues to commit every day around the world.

### Content:

As this documentary has shown, instead of solving mental distress, psychiatry has, throughout its history, created devastation. And the situation is not getting better.

For in a world ever deteriorating under increasing psychiatric influence, we are also witnessing an alarming resurgence of psychiatry's Nazi-era abuses such as sterilization and murder. This isn't just happening in Germany, but around the world.

Fortunately, the abuses of psychiatry are increasingly being exposed. So much so that in 2012, the Supreme Court of Germany ruled that all psychiatric treatment contrary to the will of the patient was patently illegal.

On top of this, in 2010 psychiatrists were finally forced to confess to their abuses—at least, to those of the past.

But admitting to the crimes of German psychiatrists over seventy years ago was as far as their leadership would go. In the name of “mental health,” psychiatrists have been and still



are abusing people every day—and people are dying—not just in Germany, but in every civilized country on earth.

Without any science to back it up, psychiatry is today a \$330 billion a year industry—without a single cure.

Their own history tells us that we can't expect psychiatry to change—we need to declare an end to psychiatry's "age of fear."

**Documentary:**

Show Chapter 9: A Final Note (5:02 mins.)

**Discussion Questions:**

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1. What do you think of this recent resurgence of psychiatric eugenics practices throughout the world?
2. Looking back at its history, what changes has psychiatry actually made in its treatment of those they claim to be helping?
3. Can we trust psychiatric leaders when they confess to the sins of the past without addressing the present?
4. Top American psychiatrists are now claiming that unwanted behavior is caused by your genes. How should we consider these claims?
5. Why do you think this documentary was entitled *The Age of Fear* and what should we do to put an end to the abuses?



## ACTIONS TO TAKE

1. Order copies of this DVD and send it to educators, doctors, healthcare professionals, museums, concerned lawyers and judges, local community groups and/or policy makers as well as friends, family and associates, to educate them about psychiatry and its treatments.
2. If you learn of any adverse reactions to a psychotropic drug, ensure this is reported to your national drug regulatory agency.
3. Encourage civil suits for recovery of damages for losses suffered at the hands of psychiatrists and psychologists. (Whenever possible, include their professional organizations and teaching institutions in your legal actions.)
4. File other complaints with regulatory agencies, such as medical and psychologists' boards, that can investigate and revoke a mental health practitioner's license to practice in cases of negligence, malpractice or abuse.
5. Support legislation that outlaws or restricts coercive psychiatric practices, patient and child drugging and other harmful treatments. Write and/or speak with your local, state or federal representatives.
6. Encourage schools to prohibit mental health screening and psychotropic drug use in children and teens. Email [contact@email](mailto:contact@email) for further information about policy that could assist school personnel.
7. Studies show that undiagnosed and untreated physical conditions can manifest as so-called psychiatric conditions. If you or anyone you know is experiencing mental disturbance, ensure a full, searching and non-psychiatric medical examination is conducted. And remember: non-psychiatric remedies do exist and do work.



8. Mental health practitioners do not only abuse people with psychotropic drugs. If you know of any psychiatrist or psychologist who has committed a sexual assault, malpractice, fraud or any other abuse or crime, report this to the police and to the nearest CCHR chapter: visit [cchr.org/global-locator](http://cchr.org/global-locator) or email: [contact@cchr.org](mailto:contact@cchr.org).
9. Seek legal advice about obtaining a refund for yourself or your insurance company for any payments made for psychiatric or psychological treatment that did not achieve the promised improvement or result.
10. Take action towards protecting yourself against forced psychotropic drugging or other damaging psychiatric treatment or interventions. Use the "Psychiatric Living Will" in the appendix that requests that other people respect your desire not to undergo psychiatric treatment should you ever be deemed incompetent. Get this signed and provide a copy to an attorney and trusted family member.









# SEMINAR LEADER FEEDBACK REPORT

CCHR wants to ensure that you experienced excellent results from this seminar and *The Age of Fear: Psychiatry's Reign of Terror* documentary. We would like your feedback, ideas and recommendations. Please take a few minutes to answer the following questions. Use additional paper if needed.

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1. What was the general response of your attendees/students to the seminar and documentary?

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2. What aspects of the seminar did they think were most worthwhile?

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3. What aspects of the seminar, if any, interested them least?

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4. Did they ask any questions that you felt you could not adequately answer? If so, please give us the specifics.

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5. How many of your attendees/students decided to become active on this issue, using the "Actions to Take" or other originated ideas? Please give details of the types of activities that most interested them.

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6. Are there any other materials or documents that would be useful in better educating others about the dangers of psychotropic drugs and the lack of science behind psychiatric diagnoses?

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7. Do you have any other information or recommendations for us that would further educate others about the issues raised in *The Age of Fear: Psychiatry's Reign of Terror*?

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8. Did you deliver the full seminar?

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If not, which modules did you deliver?

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9. Is there anything else you would like to communicate?

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Number of people the seminar was delivered to: \_\_\_\_\_

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

email: \_\_\_\_\_

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[www.cchr.org](http://www.cchr.org)



# STUDENT FEEDBACK REPORT

32 Thank you for taking the time to participate in this seminar.

We are interested in anything you may wish to communicate about what you learned from *The Age of Fear: Psychiatry's Reign of Terror* DVD. Please let us know what you think in the spaces provided. Use additional paper as needed.

1. What key message did you get from this seminar and the documentary *The Age of Fear: Psychiatry's Reign of Terror*?

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2. How did your ideas change or not change in regard to psychiatry as a result of watching this documentary?

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3. What concerns, if any, do you have about psychiatry's modus operandi?

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4. What should be done about this concern?

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5. How could you use the information you have just learned?

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6. What plans do you have, if any, to educate and protect others or to take a proactive role in this issue?

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## HOPE FOR THE FUTURE

# ACHIEVING MENTAL HEALTH

**T**he main task of CCHR has been to achieve reform in the field of mental health and the preservation of the rights of individuals under the Universal Declaration of Human Rights. CCHR has been responsible for many great reforms. At least 30 bills [now more than 100] throughout the world, which would otherwise have inhibited even more the rights of patients, or would have given psychiatry the power to commit minority groups and individuals against their will, have been defeated by CCHR actions.”

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Erica-Irene Daes, Special Rapporteur  
In her report to the United Nations  
Human Rights Commission, 1986

Without the protection of basic human rights in the psychiatric system, patients’ mental *health* remains at risk. It has fallen to concerned individuals and groups outside the psychiatric-pharmaceutical industry to protect those who are victimized by it.

Former president of the World Psychiatric Association, Dr. Norman Sartorius declared at a meeting of a congress of the Association of European Psychiatrists, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future the mentally ill have to learn to live with their illness.”

Considering Sartorius’ rank as one of the leading figures in international psychiatry, it seems logical to conclude then that mental problems are incurable, and that the afflicted are condemned to lifelong suffering.

This is not correct, and thankfully so, for how disheartening to think that Man is destined never to fully understand himself and life. To see that there is hope, however, requires a concept of what an ideal situation in mental *healing* would be.

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Consider the following basic criteria for the achieving of mental *health*:

1. Effective mental healing technology and treatments which improve and strengthen individuals and thereby society, by restoring individuals to personal strength, ability, competence, confidence, stability, responsibility and spiritual well-being.
2. Highly trained, ethical practitioners who are committed primarily to their patient's and their patient's family's well-being, and who can and do deliver what they promise.
3. Mental healing delivered in a calm atmosphere characterized by tolerance, safety, security and respect for people's rights.

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With the goal of achieving better mental health for those in need, in 1969 Citizens Commission on Human Rights wrote a Mental Health Declaration of Human Rights. These guiding principles should be strived for to restore human rights to the field of mental health.

# UNITED NATIONS UNIVERSAL DECLARATION OF HUMAN RIGHTS

## PREAMBLE

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Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

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**Now, Therefore THE GENERAL ASSEMBLY proclaims THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS** as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

#### **Article 1**

- All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

#### **Article 2**

- Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

#### **Article 3**

- Everyone has the right to life, liberty and security of person.

#### **Article 4**

- No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

#### **Article 5**

- No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

#### **Article 6**

- Everyone has the right to recognition everywhere as a person before the law.

#### **Article 7**

- All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

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### **Article 8**

- Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

### **Article 9**

- No one shall be subjected to arbitrary arrest, detention or exile.

### **Article 10**

- Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

### **Article 11**

- (1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.
- (2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

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### **Article 12**

- No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

### **Article 13**

- (1) Everyone has the right to freedom of movement and residence within the borders of each State.
- (2) Everyone has the right to leave any country, including his own, and to return to his country.

### **Article 14**

- (1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.
- (2) This right may not be invoked in the case of prosecutions genuinely arising from nonpolitical crimes or from acts contrary to the purposes and principles of the United Nations.

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## **Article 15**

- (1) Everyone has the right to a nationality.
- (2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

## **Article 16**

- (1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.
- (2) Marriage shall be entered into only with the free and full consent of the intending spouses.
- (3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

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## **Article 17**

- (1) Everyone has the right to own property alone as well as in association with others.
- (2) No one shall be arbitrarily deprived of his property.

## **Article 18**

- Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

## **Article 19**

- Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

## **Article 20**

- (1) Everyone has the right to freedom of peaceful assembly and association.
- (2) No one may be compelled to belong to an association.

## **Article 21**

- (1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.



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- (2) Everyone has the right of equal access to public service in his country.
  - (3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

#### **Article 22**

- Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

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#### **Article 23**

- (1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
- (2) Everyone, without any discrimination, has the right to equal pay for equal work.
- (3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
- (4) Everyone has the right to form and to join trade unions for the protection of his interests.

#### **Article 24**

- Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

#### **Article 25**

- (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

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## Article 26

- (1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
- (2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.
- (3) Parents have a prior right to choose the kind of education that shall be given to their children.

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## Article 27

- (1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.
- (2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

## Article 28

- Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

## Article 29

- (1) Everyone has duties to the community in which alone the free and full development of his personality is possible.
- (2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.
- (3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

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**Article 30**

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.



# **MENTAL HEALTH DECLARATION OF HUMAN RIGHTS**

## **BY THE CITIZENS COMMISSION ON HUMAN RIGHTS**

46 In alignment with the United Nations Declaration of Human Rights, herewith is the CCHR Mental Health Declaration of Human Rights:

- A. No person shall be given psychiatric or psychological treatment against his or her will.
- B. No person may be denied his or her personal liberty by reason of so-called mental illness without a fair jury trial by laymen and with proper legal representation.
- C. No person shall be admitted to or held in a psychiatric institution, hospital or facility because of their religious, political or cultural beliefs and practices.
- D. Every patient has:
  - 1. The right to be treated with dignity as a human being.
  - 2. The right to hospital amenities without distinction as to race, color, sex, language, religion, political opinion, social origin or status by right of birth or property.
  - 3. The right to have a thorough, physical and clinical examination by a competent registered general practitioner of one's choice, to ensure that one's mental condition is not caused by any undetected and untreated physical illness, injury or defect, and the right to seek a second medical opinion of one's choice.
  - 4. The right to fully equipped medical facilities and appropriately trained medical staff in hospitals, so that competent physical, clinical examinations can be performed.
  - 5. The right to choose the kind or type of therapy to be employed, and the right to discuss this with a general practitioner, healer or minister of one's choice.



6. The right to have all the side effects of any offered treatment made clear and understandable in written form and in the patient's native language.
7. The right to accept or refuse psychiatric treatment, including but not limited to, electroshock treatment, insulin shock, lobotomy (or any other psychosurgical brain operation), psychotropic drugs and operations such as sterilization.
8. The right to make official complaints, without reprisal [punishment], to an independent board, which is composed of nonpsychiatric personnel, lawyers and lay people. Complaints may encompass any torturous, cruel, inhuman or degrading treatment or punishment received while under psychiatric care.
9. The right to have private counsel with a legal advisor and to take legal action.
10. The right to discharge oneself from a psychiatric facility at any time and to be discharged without restriction, having committed no offense.
11. The right to manage one's own property and affairs with a legal advisor, if necessary, or if deemed incompetent by a court of law, to have a State-appointed executor to manage such until one is judged competent. Such executor is accountable to the patient's next of kin, or legal advisor or guardian.
12. The right to see and possess one's hospital records and to take legal action with regard to any false information contained therein which may be damaging to one's reputation.
13. The right to seek criminal action, with the full assistance of law enforcement agents, against any psychiatrist, psychologist or hospital staff for any abuse, false imprisonment, assault from treatment, sexual abuse or rape, or any violation of mental health or other law.
14. The right to sue psychiatrists, their associations and colleges, the institution, or staff for unlawful detention, false reports, or damaging treatment.
15. The right to work or to refuse to work, and the right to receive just compensation on a pay scale comparable to union or state or national wages for similar work, for any work performed while hospitalized.
16. The right to education or training to enable one to better earn a living when discharged and the right of choice over what kind of education or training is received.
17. The right to receive visitors and a minister of one's own faith.



18. The right to make and receive telephone calls and the right to privacy with regard to all personal correspondence to and from anyone.
19. The right to freely associate or not with any group or person in a psychiatric institution, hospital or facility.
20. The right to a safe environment without having in the environment, persons placed there for criminal reasons.
21. The right to be with others of one's own age group.
22. The right to wear personal clothing, to have personal effects and to have a secure place in which to keep them.
23. The right to daily physical exercise in the open.
24. The right to a proper diet and nutrition and to three meals a day.
25. The right to hygienic conditions and non-overcrowded facilities, and to sufficient, undisturbed leisure and rest.

# THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

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This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

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5. No experiment should be conducted, where there is an *a priori* reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
  6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
  7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
  8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
  9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.
  10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

*“Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10”, Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]*







IN MEMORIAM  
**PSYCHIATRY UNDER  
NATIONAL SOCIALISM**  
REMEMBRANCE AND RESPONSIBILITY

EXCERPTS FROM A SPEECH BY PROFESSOR FRANK SCHNEIDER,  
THEN PRESIDENT OF THE GERMAN ASSOCIATION FOR PSYCHIATRY  
AND PSYCHOTHERAPY

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**Berlin, 26 November 2010**

Ladies and Gentlemen!

Under National Socialism, psychiatrists showed contempt towards the patients in their care; they lied to them, and deceived them and their families. They forced them to be sterilized, arranged their deaths and even performed killings themselves. Patients were used as test subjects for unjustifiable research—research that left them traumatized or even dead.

Why has it taken us so long to face up to these facts and deal openly with this dark chapter in our history? ... [we] have been hiding, denying a crucial part of our past. For that, we are truly ashamed.

...

I must offer our sincerest apologies—albeit shamefully late—to all the victims and their families who suffered such injustice and pain at the hands of the German associations and their psychiatrists.

The German Association for Psychiatry and Psychotherapy has decided to give a clear signal by holding this commemorative event as a way of acknowledging and of standing up for the victims, of coming to terms with our past and of learning from this bleak period in our history.

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The letters and documents we have just heard at the beginning of this commemorative event provide moving testimonials of the pain and suffering that mentally ill people were subjected to.

Psychiatry under National Socialism is one of the darkest chapters in the history of our discipline. Throughout this period, psychiatrists and representatives of psychiatric associations repeatedly disregarded and heinously reinterpreted their professional duty to treat and care for their patients.

Psychiatry was corruptible and it corrupted, it cured and it killed. It no longer felt it had an obligation to individuals; rather ... psychiatrists abused and killed vast numbers of people. They also saw to it that any undesirable colleagues were forced out of their jobs.

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Psychiatrists of Jewish descent or those who had the wrong political views were forced out of their jobs and had to stop practicing. ... Most of those who could not flee Germany or Austria were deported to concentration or extermination camps. Few survived, and nothing we do can ever make up for the fate they suffered. ...

The term “eugenics” had been in use since the late 19th century, and the practice of sterilizing mentally ill patients was being promoted in the Scandinavian and Anglo-Saxon countries as well as in the German Empire. In the summer of 1914 a proposed Bill on Sterilization and Abortion was put forward in the Reichstag. It was only the outbreak of war that stopped the bill passing into law.

On 14 July 1933, not long after Hitler seized power, the NSDAP [National Socialist German Workers Party—Nazi Party] passed a Law for the Prevention of Hereditarily Diseased Offspring. The psychiatrist Ernst Rüdin, who was President of the psychiatric association from 1935 to 1945, was involved in writing the official commentary to the law when he was director of the German Research Institute for Psychiatry. The law described sterilization—forced sterilization—as “protecting future generations”. This is a truly perverse view that offsets one person’s pain and suffering against another’s well-being.

The law classed manic-depressive illness and schizophrenia as genetic mental illnesses. The same applied to many other conditions, such as hereditary forms of epilepsy, blindness, deafness, dwarfism, etc. The idea was to stop sick people having children so that their supposedly bad genetic material did not continue to pollute the health of the populace.

All doctors were obliged to report “hereditarily diseased” individuals to the authorities. Under the law, doctors forcibly sterilized more than 360,000 people. Over 6,000 died as a consequence of the operations.

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Since the concepts of eugenics and racial hygiene were so popular at the time, many psychiatrists held the sterilization law in high regard. As President of our predecessor organization, the Society of German Neurologists and Psychiatrists (GDNP), Ernst Rüdin spoke in its favor several times at the openings of annual congresses. Other countries around the world also supported eugenics-based sterilization. However, what set Germany apart was the fact that its law allowed people to be sterilized against their will. For its victims, the legislation was an appalling attack on the very core of their identity—an attack they were powerless to stop and that permanently robbed them of their right to physical integrity and to parenthood.

Even once the war had ended, shame and silence continued to shroud what the victims and their families had endured. To this day the Federal Republic of Germany has still not formally recognized these individuals as victims of Nazi persecution, despite the fact that the sterilization law was an unequivocal expression of National Socialist, German racial ideology...

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Yet the violence did not end at forced sterilization—people were also murdered. In the 1920s, as a result of the World War and the Great Depression, disabled people began to be seen as financial burdens. Psychiatrist Alfred Erich Hoche published *Allowing the Destruction of Life Unworthy of Living* in 1920 in collaboration with the lawyer Karl Binding. In it, he coined the term “human ballast” and drew up a list of allegedly incurable mental illnesses that rendered sufferers “mentally dead”. This provided the basis for the call for “death to life unworthy of life!” published in 1930 in the National Socialist monthly bulletin.

Later, Hitler issued a decree to start a “euthanasia” program. It was backdated to 1 September 1939, the date that Germany invaded Poland and World War II began.

Professor Werner Heyde, chair of psychiatry and neurology of Würzburg University, was appointed Medical Director of the program that would later become known as “Aktion T4”. It is thought that, by the end of the war—and even several weeks afterwards—Aktion T4 and the killings that took place once the program had officially ended claimed the lives of at least 250,000 to 300,000 mentally and physically disabled people.

From October 1939, all psychiatric hospitals and associated areas in the Reich received registration forms from Columbushaus on Potsdamer Platz, and as of April 1940 from Tiergartenstrasse 4, where the Berlin Philharmonic stands today. The forms were used to systematically record all patients and select who should die. Decisions were mainly based on “usefulness” criteria, that is, on how much work a person was capable of.

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Today, at the site of the former central administration office for the killings, all that commemorates the “euthanasia” victims is an indistinct plaque in the ground and a sculpture that was only dedicated to them upon completion. There is still no central, national memorial to the victims. This is a clear expression of the continuing denial surrounding the events, and of the humiliation that the survivors and their families still endure. It also represents a blind spot in the collective memory of our country and of German psychiatry. We at the DGPPN will be supporting current efforts to establish an appropriate national T4 commemorative and information center.

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Approximately fifty selected assessors, some of them renowned psychiatrists, evaluated the registration forms they received from the hospitals and decided who would live and who would die. Among the assessors were [psychiatrists] Werner Villinger, Friedrich Mauz and Friedrich Panse, all of whom held the office of President in our association during the post-war period. Friedrich Mauz and Friedrich Panse also later became honorary members. Although membership ends with the death of the individual, we condemn both these cases and will formally revoke the honors.

Patients selected for death would be collected from their hospitals in gray buses that have now come to symbolize the killings, and taken to one of six mental institutions equipped with gas chambers. Medical facilities thus became extermination centers.

Healing became destruction. Psychiatrists watched as the patients entrusted to their care were taken away to be murdered. In the order they were established, the six institutions were: Grafeneck, Brandenburg, Hartheim, Pirna-Sonnenstein, Bernburg and Hadamar.

“Aktion T4” lasted nearly two years, from January 1940 to August 1941. Within that time, over 70,000 patients were killed. The public protests that eventually spelled the demise of the program did not come from the ranks of the psychiatric profession, but predominantly from the Church. The crucial sermon against the killing-program was delivered in August 1941 by Clemens August Graf von Galen, Bishop of Münster and Cardinal of the Roman Catholic Church. “Aktion T4” was officially stopped immediately afterwards.

But the Nazis took the knowledge and experience gathered during “Aktion T4” and applied them to the concentration camps to murder even more people—this time in their millions.

At the same time as they were implementing Aktion T4, the Nazis were also murdering physically and mentally disabled children in over 30 psychiatric and pediatric hospitals as part of what is usually called “child euthanasia”. Previously it was thought that

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approximately 5,000 children had died. This figure was given by the perpetrators during post-war trials and then generally accepted as true. We now know that the actual number was far greater.

And yet the killing continued, even after the centrally organized “Aktion T4” was officially stopped. During this decentralized phase of “euthanasia”, doctors in psychiatric facilities seeking to free up beds and save money killed patients—possibly as many as 10,000—by administering overdoses or providing them with so little food that they starved to death. In a report on new admissions in 1943, Gerhard Wischer, director of the Waldheim psychiatric hospital, put it very succinctly:

“Of course I could never accommodate the new patients without undertaking certain measures to free up space. The process itself is very straightforward, but there is a distinct shortage of the necessary medication.”

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Today it is hard to imagine that psychiatrists allowed patients in their care to be killed, that they chose who should live or die and then medically, scientifically—well, pseudo-scientifically—oversaw the deaths of children, adults and elderly people.

An entry in a medical file from 1939 on a female patient suffering from a schizophrenic disorder, which is archived at the Federal Archives here in Berlin, reads as follows:

“As before. Mentally dead. No change can be expected, so medical record should be closed. The only entry worth making is the date of death.”

Before they were murdered, many patients were used for “research”. This involved ethically unjustifiable experiments that are far removed from scientific and research values. One example is the “euthanasia”-related experiments on mentally ill children and teenagers by Carl Schneider, Chair and Professor of Psychiatry at Heidelberg University, in collaboration with Julius Deussen, an employee at the German Research Institute for Psychiatry in Munich. The research involved elaborate experiments on patients, followed by their killing and autopsies. Patients at psychiatric hospitals were also used as test subjects in TB vaccination trials in Kaufbeuren, in work on the viral etiology of multiple sclerosis in Werneck, and in neuropathological examinations on “euthanasia” victims who had probably been selected especially for this purpose. This was the project Julius Hallervorden carried out at the Kaiser Wilhelm Institute for Brain Research in Berlin-Buch in collaboration with the Brandenburg-Görden asylum, which was run by psychiatrist Hans Heinze.

The murdered patients’ bodies and individual histopathological specimens were in high demand among scientists, and the research findings gained were being published even

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after the war ended. The Kaiser Wilhelm Institute for Brain Research used the brains of at least 295 “euthanasia” victims in its work, and even until recently there have been almost no qualms about using specimens taken from patients murdered during the Third Reich.

The research was not confined to mental institutions. Tübingen-based psychiatrist Robert Ritter, for example, did research on Sinti and Roma people. He mainly focused on genealogical and epidemiological studies, which contributed to developing identification and selection criteria for “Gypsies”, who would then be deported to the “Gypsy camp” at Auschwitz.

58 Granted, resistance and attempts to sabotage the many wrongs committed in the field of psychiatry during the Nazi era did exist. Even if over 50 percent of physicians were members of a National Socialist organization, i.e. the party itself or the SA or SS, that means that almost half of all doctors were not. So doctors did have some room for maneuver that they could take advantage of without sanctions being imposed, and resistance did not necessarily have negative personal consequences. ...

After the war ended, much the same occurred in the field of psychiatry as in many other areas of German society—collective denial. Neither psychiatric societies nor individual psychiatrists—with very few exceptions, such as Gerhard Schmidt and Werner Leibbrand—owned up to what had happened. This is a fact that leaves us utterly incredulous and deeply ashamed today.

The story of Professor Werner Heyde, who has already been mentioned, is particularly mind-boggling. Heyde was the medical director of the “T4 program”, and an arrest warrant was issued for him after the war. And yet from 1950 to 1959 he enjoyed a second career as a court-appointed medical expert in Schleswig-Holstein. Although he went by the name of Dr. Fritz Sawade, there were those in the medical and legal professions who were aware of his real identity, yet did not expose him. And many others, both within our field and beyond, knew about it.

At the same time, early attempts to shed light on the wrongs committed by physicians during the Nazi era were impeded and thwarted. When Alexander Mitscherlich and Fred Mielke released their book *Das Diktat der Menschenverachtung* [The Dictate of Contempt for Human Life], which documented the trials of medical doctors in Nuremberg in 1947, many doctors protested because they were worried that the reputation of their profession would be tarnished. ...

Professor Gerhard Schmidt, the former director of the psychiatric clinic in Lübeck, gave a radio talk about the crimes committed against the mentally ill and the mentally



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disabled as early as 20 November 1945—yet he was unable to find a publisher for his book manuscript on the topic for 20 years, despite numerous attempts. I read the book many years ago, and it had a profound impact on me. But many psychiatrists in post-war Germany were afraid that publishing the details of these crimes would endanger efforts to rebuild their profession and damage its reputation, which they saw still positive at the time.

The Law for the Prevention of Hereditarily Diseased Offspring was not suspended until 1974. Formally, though, it continued to exist. In 1988 the West German Bundestag concluded that the forced sterilizations carried out under the Law counted as Nazi injustices. Ten years later the Bundestag passed a law repealing the rulings of the genetic health courts. Yet it took the Bundestag until 2007 to finally ban the Law for the Prevention of Hereditarily Diseased Offspring. The reason given was that the Law contravened the Basic Law anyway, so was effectively suspended at the time that came into force....

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[W]ith just a few exceptions, it appears that the overwhelming majority of German psychiatrists and members of our association, whether researchers, academics or practitioners, took part in planning, implementing and creating scientific legitimacy for sterilization and murder.

Research into German psychiatry under National Socialism only began in earnest in the early 1980s....

“Mentally dead”, “human ballast”, “life unworthy of living”—these are not easy words to say. They are deeply upsetting and disturbing—and, in light of the fact that psychiatrists were actively involved in “Gleichschaltung” [totalitarian control], forced sterilization and murder, they fill us with shame, anger and the greatest sorrow.

Our shame and regret are also rooted in the fact that it has taken this association, of which I am President today, 70 years to make a systematic effort to come to terms with its past and the history of its predecessors under National Socialism, and—irrespective of the historical facts that may come to light—to ask for forgiveness from the victims of forced migration, forced sterilization, human experiments and murder.

**In the name of the German Association for Psychiatry and Psychotherapy, I ask you, the victims and relatives of the victims, for forgiveness for the pain and injustice you suffered in the name of German psychiatry and at the hands of German psychiatrists under National Socialism, and for the silence, trivialization and denial that for far too long characterized psychiatry in post-war Germany.**

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Many of the victims, even those who were not killed, and their families are no longer with us today. For them, this request comes too late. But perhaps it is not too late for the survivors and for the victims' descendants—some of whom are with us here today—for mentally ill people everywhere and for today's psychiatrists and the DGPPN itself. . . .

Ladies and gentlemen, thank you for your attention.

Prof. Dr. Frank Schneider  
(Aachen)

President of the German  
Association for Psychiatry and  
Psychotherapy (DGPPN)

*The original German text of this speech was unanimously adopted by the Executive Board of the DGPPN as an Association Document on 23 November 2010. We are very grateful to Carsten Burfeind, MA, (Berlin) and Prof. Dr. Volker Roelcke (Gießen) for their comments and suggestions.*



# CHRONOLOGY ON THE BIRTH AND DEVELOPMENT OF EUGENICS AND THE HOLOCAUST

In Europe, German psychiatrists created the “racial hygiene” movement, which began with the work of eugenicist Alfred Ploetz in 1895. Almost forty years later this gained supremacy with the passage of the 1933 Sterilization Act in Nazi Germany and the concept of “lives unworthy of living”. This led to psychiatrists in Germany murdering hundreds of thousands of people that were “racially or mentally unfit”, long before the Holocaust began, and these same psychiatrists were then placed in killing centers during the Holocaust. Millions of people were killed during the Holocaust in Germany led by psychiatrists, which admission was finally made in an international broadcast apology by the President of the Germany Psychiatric Association in November 2010.

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Below is the little-known chronology of these events caused by German psychiatrists, which ended in the world’s largest massacre in history:

**1859:** English biologist Charles Darwin published *The Origin of Species*, which supported the idea that some genetic differences in animals are superior to others.

**1879:** Wilhem Wundt, German psychologist, started the theory that man was no more than an animal that could be shaped like a stimulus-response mechanism and did not have a soul. His theory was broadly taught throughout the world.

**1883:** English psychologist Francis Galton, half-cousin of Darwin, coined the term “eugenics,” which he defined as “the science of improving the stock.”

**1895:** German eugenicist Alfred Ploetz wrote *The Fitness of Our Race and the Protection of the Weak*, which discouraged medical care to the “weak.” He called his new philosophy *Rassenhygiene* (Racial Hygiene).

**1904:** Alfred Ploetz founded the Archive for Racial and Social Biology, which proposed population control through the regulation of the reproductive activity of the German people by getting rid of those “undesirables”<sup>1</sup>. In later years, the Nazi regime would credit

<sup>1</sup> Robert F. Meinsma, “A Brief History of Mental Therapy,” posted on *Leading Edge Research Group Site* 4/14/98

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Ploetz and his colleagues with having helped provide the “biological foundations” for the Nazi racial state.<sup>2</sup>

**1905:** Ploetz, together with his psychiatrist brother-in-law Ernst Rüdin and others founded the Society for Racial Hygiene (Gesellschaft für Rassenhygiene). Rüdin later was the impetus behind the Nazi Party and the “racial cleansing” which led to the Holocaust.

**1907:** The state of Indiana in the U.S. passed the first sterilization law, influenced by eugenicist Harry Laughlin, an American who started the Eugenics movement in the U.S.

**1910:** The drumbeat of eugenical thinking began to permeate to the highest levels of German society. Racial hygiene had received recognition from the German government prior to World War I, when in 1910, the Reich Health Office began to assemble a file on Rassenhygiene, including materials on population policy, birth control, anthropology, and papers on differences between Germans and Jews.<sup>3</sup>

**1910:** Charles Davenport’s Eugenics Records Office was founded in Cold Spring Harbor, New York, U.S., expanding the eugenics movement into the United States.

**1911:** German psychiatrist Edwin Katzen-Ellenbogen (who obtained his medical degree at Leipzig University in 1905)<sup>4</sup> was employed in New Jersey as chief eugenic legal adviser. He helped draft the “law for sterilization of epileptics, criminals and incurably insane” for the Governor of New Jersey. Katzen-Ellenbogen was a Harvard lecturer in abnormal psychology, but left for Europe in 1915 and was eventually prosecuted by the Nuremberg Trials right along with the other so-called “butchers of Buchenwald.” He was sentenced to life in prison.<sup>5</sup>

**1916:** Ernst Rüdin was appointed Professor of Psychiatry at the German Research Institute for Psychiatry, where he wrote a study on the genetic inheritability of schizophrenia and began a campaign to purge Germany of its “unfit stock.”

**1920:** Psychiatrist Alfred Hoche and Karl Binding, Chief Justice of the Reich, wrote *The Permission to Destroy Life Unworthy of Living*, stating that:

1. The suffering of a sick or wounded person who is about to die can be shortened through the use of a medical drug.
2. This acceleration of the death process is not an act of murder but “in truth a pure act of healing.” (This justification was later used specifically by the Nazis in defense of their extermination programs).

2 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 28

3 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 38

4 <http://www.waragainstheweak.com/offSiteArchive/hnn.us/index.html>

5 <http://www.waragainstheweak.com/offSiteArchive/hnn.us/index.html>

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3. A doctor should be able to employ euthanasia on any unconscious person without legal consequences.<sup>6</sup>

**1921:** The second International Congress of Eugenics was held in New York. The sponsoring committee included US Secretary of Commerce and future President Herbert Hoover.<sup>7</sup>

**1921:** Ewrin Bauer, Eugen Fischer and Fritz Lenz wrote *Menschliche Erblehre und Rassenhygiene* (Human Genetics and Racial Hygiene). Lenz's words convey the attitude that paved the way for Hitler: "I have heard that Hitler had read the second edition of Bauer-Fischer-Lenz during his incarceration in Landsberg. Some parts of it are mirrored in Hitler's phrases. In any case, with great mental energy, he had made the basic ideas of racial hygiene and their importance his own, while most of the academic authorities still look upon these issues rather unappreciatively."

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**1924:** Dr. Gustav Boeters, one of Germany's most persistent advocates of sterilization, defended the sterilization of "mental inferiors" with the following argument: "What we racial hygienists promote is by no means new or unheard of. In a cultured nation of the first order—the United States of America—that which we strive toward [that is, sterilization legislation] was introduced and tested long ago."<sup>8</sup>

**1925:** Hitler threw his support behind the eugenics movement. "He who is not healthy and worthy bodily or mentally is not allowed to perpetuate his malady in the body of his child...." he wrote, advocating the sterilization of defectives. But even then, Hitler did not yet endorse their killing, as did psychiatrists such as Alfred Hoche.

**1925:** The Rockefeller Foundation gave \$2.5 million to the Psychiatric Institute in Munich, which quickly became Germany's leading center for eugenics research. In addition, it provided funds to the Kaiser Wilhelm Institute for Anthropology, Human Genetics and Eugenics in Berlin, which was used to pay for a national survey of "degenerative traits" in the German population.

**1927:** The Kaiser Wilhelm Institute for Anthropology, Human Genetics and Eugenics, opened its doors in Berlin-Dahlem. Between 1933 and 1936, records of the institute's activities revealed a wide range of eugenics experiments.

**1930:** German eugenicist Ernst Rüdin addressed the First International Congress on Mental Hygiene, in Washington about "The Significance of Eugenics and Genetics for Mental Hygiene." He said mental hygiene had a "right to combat" the "enormous number of the hereditarily diseased, inside and outside of insane asylums, by the feebleminded, the

<sup>6</sup> Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 178

<sup>7</sup> Robert F. Meinsma, "A Brief History of Mental Therapy," posted on *Leading Edge Research Group Site* 4/14/98

<sup>8</sup> Robert Proctor, "Racial Hygiene Medicine under the Nazis," (Harvard University Press, MA 1988) p. 98

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paupers, the neglected, those criminally inclined through heredity, the chronic drunkards” and “the psychopaths.” Heading the list of “defects” that U.S. eugenicists later defined was “attention deficit disorder” (ADD) and “hyperactivity.”

**1932:** Psychiatry’s racial hygiene had become a scientific orthodoxy in the German medical community, taught in 26 separate courses of lectures in the medical faculties of most German universities; the major expansion of the department occurred before Hitler came to power.<sup>9</sup> By then, “Academic medicine in Germany on the whole stood waist-deep in the Nazi sewer, and bears heavy responsibility for the disaster that followed. After 1933, degeneration [racial purity] became an official part of Nazi ideology.”<sup>10</sup>

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**1933:** Hitler came to power and the first concentration camp, Dachau, was established. He was already steeped in the Eugenics theories from Rüdin and other psychiatrists by this point. Dachau was originally used for political prisoners—Communists, Social Democrats, and other alleged political enemies. Propaganda Minister Joseph Goebbels asked that all German organizations be educated in “the eugenic way of thinking;” Bavarian Health Inspector Walter Schultz proclaimed that “no boy or girl must leave school without being made aware of the essence of blood unity.”<sup>11</sup> All medical students were required to attend courses on racial hygiene at Germany’s state medical academies in Munich and Berlin.<sup>12</sup>

During this time, the child killing centers were set up around Germany in psychiatric facilities, where children who were considered “inferior” in some way were starved to death by psychiatrists. This resulted in the murder by psychiatrists of hundreds of thousands of other “mentally or physically inferior” Germans.

**1933:** Ernst Rüdin helped produce a sterilization law, based on U.S. legislation. The Law for the Prevention of Genetically Diseased Offspring was passed on July 14, 1933.<sup>13</sup> Special “Hereditary Health Courts” were established to make decisions on sterilization. The first genetic health court met on March 15, 1934 in Berlin. Of 348 cases, 325 were sterilized.<sup>14</sup>

**1933:** Dr. Otmar Freiherr von Verschuer, Professor of Human Genetics and Racial Hygiene at the University of Berlin, and close ally of many prominent Nazi psychiatrists, made twin research popular. He later supplied Dr. Josef Mengele with the necessary tools to commit his unimaginable crimes in Auschwitz concentration camp.<sup>15</sup>

**1934:** The Human Betterment Foundation in the U.S., an influential eugenics organization headed by eugenicist Dr. Paul Popenoe, created an exhibit of the Nazi’s eugenics program in Pasadena, California. Their newsletter boasted: The exhibit “portrays the general

9 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 38

10 Edward Shorter, *A History of Psychiatry: From the Era of the Asylums to the Age of Prozac*, (John Wiley & Sons, Inc., New York, 1997), p. 99.

11 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 79.

12 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 81

13 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 96.

14 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 106.

15 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), pp. 42-43.

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eugenics program of the Nazi government, giving special attention to the need for sterilization. Those who have seen this exhibit say it is the finest things of the kind that has ever been produced. Take the opportunity to see this while in Los Angeles. Tell your friends about it.”<sup>16</sup>

**1935:** The Nuremberg Laws were a series of three measures aimed at further “cleansing” the German population of inferior elements.<sup>17</sup> Nazi psychiatrists attempted to “discover whether or not certain signs can be found among men which would allow the early detection of criminal tendencies before the actual onset of the criminal career.”<sup>18</sup>

**1937:** On secret orders of Hitler, 500 or more offspring of black French occupation troops and native Germans were sterilized in a joint Gestapo/genetic health court operation organized by psychiatrist Ernst Rüdin, Fritz Lenz, and Dr. Walter Gross, among others.<sup>19</sup>

**1939:** In January, Hitler openly announced his plan for the “extermination of the Jewish race in Europe.” On August 18, 1939—just 14 days before Hitler’s invasion of Poland—a confidential decree was issued which required notification to the government of the birth of any deformed or handicapped baby or child up to the age of 3. Midwives and physicians were obligated to report all such children. On October 9, Hitler issued a further decree through Dr. Leonardo Conti, Secretary for Health in the Ministry of the Interior requiring psychiatric institutions to categorize their inmates as follows: those who suffered from epilepsy, senility, paralytic diseases, feeble-mindedness, syphilitic disabilities, encephalitis, Huntington’s disease and anyone who were “not of German or related ‘species’ blood.” Forty-eight psychiatrists evaluated the applications, including Werner Heyde, Friedrich Mauz, Paul Nitsche, Freidrich Panse, Kurt Pohlisch, Carl Schneider, and Wilhelm Villinger. From a total of 283,000 applications evaluated, 75,000 patients were marked to die.

**1940:** On January 9, the first “gassing test” using carbon monoxide took place in the Brandenburg sanitarium. Between 18 and 20 people were killed, watched by psychiatrists, physicians and nurses.<sup>20</sup> In 1941, the psychiatric institution at Hadamar celebrated the cremation of its 10,000th patient where everyone—secretaries, nurses, and psychiatrists—received a bottle of beer for the occasion.<sup>21</sup>

**1940:** The Working Association of Sanitariums and “Caretaking Facilities of the Republic” was an organization established to manage the euthanasia killings. Psychiatrist Werner Heyde was the Director. It was situated in a street called Tiergartenstrasse in Berlin at Number 4 and became known as “T4.” It was the nerve center of the extermination campaign. At least 695 people were taken from Kaufbeuren psychiatric hospital and put to death. Low fat food

16 Robert F. Meinsma, “A Brief History of Mental Therapy,” posted on Leading Edge Research Group Site 4/14/98 p. 48.

17 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 130.

18 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 203.

19 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 112.

20 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 190.

21 Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 191.

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was given to others deemed “useless” and they eventually starved to death. From this vile slaughter evolved “Operation Mercy Killing,” involving some of Germany’s most prominent psychiatrists. By August 1941, T4 had already reached its original quota of 70,000 persons euthanized. Indeed, it had exceeded its quota—by 273 persons.

**1940, June 18:** British military psychiatrist Colonel John Rawlings Rees addressed the annual meeting of the National Council for Mental Hygiene in the UK, stating: “We must aim to make [psychiatry] permeate every educational activity in our national life.... [W]e have made a useful attack upon a number of professions. The two easiest of them naturally are the teaching profession and the Church; the two most difficult are law and medicine.” Further, “If we are to infiltrate the professional and social activities of other people I think we must imitate the Totalitarians and organize some kind of fifth column activity! If better ideas on mental health are to progress and spread we, as the salesmen, must lose our identity....let us all, therefore, very secretly be ‘fifth columnists.’”<sup>22</sup>

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**1941:** In April, concentration camps began the new program designed to destroy inmates no longer capable or willing to work. All Jews were included under the project code-named “14f13.” Buchenwald was one of the first camps to implement the program.<sup>23</sup>

**1941:** On August 24, Hitler ordered the gassing of patients in psychiatric institutions to stop due to public outcry from parents and the church. Psychiatrists ignored the order and opted for a combination of injections, poisonings, and starvation.<sup>24</sup>

**1941:** T4 personnel, including “experienced psychiatrists,” were sent to the concentration camps and, thus, the psychiatric killing machine expanded to the wholesale slaughter of millions.<sup>25</sup>

**1941-1942:** Julius Hallervorden, a brain specialist and psychiatrist from the Kaiser Wilhelm Institute, supported the autopsy of euthanized children for research purposes during the war.<sup>26</sup> Children between the ages of 8 and 12 were gassed at Brandenburg. Dr. Hallervorden dissected some of the bodies for “scientific evaluation.”<sup>27</sup>

**1942:** As German psychiatrists were sending the last of their patients to the gas chambers, Dr. Foster Kennedy, professor of neurology at Cornell Medical College published an article in the journal of the American Psychiatric Association calling for the killing of retarded children aged five and older—children whom the author called “those hopeless ones who should never have been born—Nature’s mistakes.”<sup>28</sup>

<sup>22</sup> John Rawlings Rees, M.D., “Strategic Planning for Mental Health,” *Mental Health* 1, no. 4 (October 1940): 103-4.

<sup>23</sup> Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), pp. 208-209

<sup>24</sup> Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 192.

<sup>25</sup> Gotz Aly, Peter Chroust and Christian Pross, *Cleansing of the Fatherland, Nazi Medicine and Racial Hygiene*, (The Johns Hopkins University Press, 1994), p. 215.

<sup>26</sup> Gotz Aly, Peter Chroust and Christian Pross, *Cleansing of the Fatherland, Nazi Medicine and Racial Hygiene*, (The Johns Hopkins University Press, 1994), p. 226.

<sup>27</sup> Gotz Aly, Peter Chroust and Christian Pross, *Cleansing of the Fatherland, Nazi Medicine and Racial Hygiene*, (The Johns Hopkins University Press, 1994), p. 225.

<sup>28</sup> Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis*, (Harvard University Press, 1988), p. 180.



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**1942, December:** British Prime Minister Winston Churchill warned against the use of psychiatrists: “I am sure it would be sensible to restrict as much as possible the work of these gentlemen, who are capable of doing an immense amount of harm with what may very easily degenerate into charlatantry.”

**1943:** With the end of the war imminent German psychiatrists issued a report for their future, stating: “Everything must be done to combat the frequent denigration of the psychiatric profession, and to emphasize, in contrast, the importance of the scientific as well as the practical value of psychiatry.”<sup>29</sup>

**1945:** Canadian military psychiatrist G. Brock Chisholm, who would become a president of the World Federation for Mental Health (WFMH), addressed The William Alanson White Psychiatric Foundation in Washington, D.C. stating that the responsibility for charting the necessary changes in human behavior rested on psychiatrists, psychologists, sociologists and politicians.<sup>30</sup> To prevent further war, “The reinterpretation and eventually eradication of the concept of right and wrong which has been the basis of child training, the substitution of intelligent and rational thinking for faith in the certainties of the old people” needed to be the “objectives of practically all effective psychotherapy.”<sup>31</sup> Further, “If the race is to be freed from its crippling burden of good and evil,” he said, “it must be psychiatrists who take the original responsibility”<sup>32</sup>

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**1945:** On August 8, the governments of Great Britain, US France and the Soviet Union, established the International Military Tribunal (IMT) to judge war crimes committed by “German officers and members of the Nazi Party.” In October, American psychologist Gustav M. Gilbert was appointed first as “Prison Commandant’s Interpreter” and somewhat later as “prison psychologist” during the Nuremberg War trials.<sup>33</sup>

**1945-1947:** Nuremberg Trials. Advising the US prosecutors was Austrian-born psychiatrist Leo T. Alexander, who was trained in Germany before the war and had worked as a psychiatrist at the Kaiser Wilhelm Institute in Berlin-Buch in 1928. A staunch supporter of eugenical and biological psychiatry, he moved to Boston in the 1930s to become Associate Director of Research at the Boston State Hospital and Instructor in psychiatry at nearby Tufts University.

It was Alexander’s responsibility to interview the Nazi psychiatrists and investigate the research and experiments in the concentration camps.

<sup>29</sup> Gotz Aly, *Peter Chroust and Christian Pross, Cleansing of the Fatherland, Nazi Medicine and Racial Hygiene*, (The Johns Hopkins University Press, 1994), p. 198.

<sup>30</sup> G. Brock Chisholm, “The Re-establishment of Peacetime Society: The Responsibility of Psychiatry,” *William Alanson White Memorial Lectures, Second Series, First Lecture, given on 23 October 1945, Psychiatry: Journal of Biology and Pathology of Interpersonal Relations 9, no. 1 (February 1946)*, p. 5.

<sup>31</sup> G. Brock Chisholm, “The Re-establishment of Peacetime Society: The Responsibility of Psychiatry,” *William Alanson White Memorial Lectures, Second Series, First Lecture, given on 23 October 1945, Psychiatry: Journal of Biology and Pathology of Interpersonal Relations 9, no. 1 (February 1946)*, p. 9.

<sup>32</sup> G. Brock Chisholm, “The Re-establishment of Peacetime Society: The Responsibility of Psychiatry,” *William Alanson White Memorial Lectures, Second Series, First Lecture, given on 23 October 1945, Psychiatry: Journal of Biology and Pathology of Interpersonal Relations 9, no. 1 (February 1946)*, p. 9.

<sup>33</sup> Edited by Wolfgang E. Luck et al, *A Pictorial History of Psychology*, (Quintessence Books, Chicago, Berlin, Moscow, 1996), p. 441.

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However, as Evelyne Shuster states in her 1996 paper, "Medical Ethics at Nuremberg: The Nazi Doctors and the Hippocratic Oath," Alexander was very concerned with the role played by Nazi psychiatrists in the euthanasia, sterilization and other deadly Nazi programs, and "he wanted to make sure that the psychiatry profession be rehabilitated in the face of the world and get back the respect and leadership Alexander thought it deserves." Further, "he continuously sought 'damage control' to their reputation." Alexander provided scapegoats for his psychiatric colleagues and, in a 1948 article in a psychiatric journal entitled, "Sociopsychologic Structure of the SS: Psychiatric Report of the Nuremberg Trials for War Crimes," Alexander laid the bulk of the blame for the Holocaust on the SS, then rationalized their behavior: "The master crime to which the SS was committed was the genocide of non-German peoples and the elimination by killing, in groups or singly, of Germans who were considered useless or disloyal....," he stated.

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Shuster pointed out, "Alexander gave a Freudian explanation of the evil of Nazi Germany. He believed that human beings were inherently evil, thus, making those who had committed medical crimes, particularly psychiatrists, ultimately unaccountable."

Consequently, and as Dr. Ernest Hunter in his 1993 paper entitled, "Psychiatric Responsibility In The Third Reich" pointed out: "Only a minority of those directly involved were ever prosecuted, and most returned to comfortable practice in the new [German] Republic. This was supported by denial (and at times collusion) by fellow practitioners, and by the profession."



# NAZI PSYCHIATRISTS CONVICTED

**Valentin Faltlhauser:** Director of the Kaufbeuren psychiatric institution who directed its child-killing program. He also helped draft a law for euthanasia. He continued to exterminate patients after war's end. He was sentenced to imprisonment in an Augsburg court for only 3 years.

**Paul Nitsche:** A T4 psychiatrist, he also conducted experiments in how to kill people using drugs. He was convicted for the murder of mental patients and executed by guillotine in March 1948.

**Friedrich Mennecke:** T4 Psychiatrist. Sentenced to death in an Eichberg trial in Frankfurt 1946, but Mennecke died about a month after the judgment in the state prison of Butzbach.

**Hermann Pfannmuller:** Director of the psychiatric institution for children at Eglfing-Haar and conducted the child killing program there. In 1948, he was declared unfit to stand trial. The following year a Munich court sentenced him to six years in jail.

**Carl "Hans-Heinze" Sennhenn:** Psychiatrist, architect of child euthanasia program. A Russian military court sentenced him to 7 years hard labor. A further inquiry into his crimes in the 1960s found him unfit to be tried.

**Edwin Katzen-Ellenbogren:** Psychiatrist, was sentenced to life imprisonment at the Dachau Trials.



# NAZY PSYCHIATRISTS NEVER PROSECUTED OR CONVICTED

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**Ernst Rüdin:** Nazi Psychiatrist and the main instigator behind Hitler, returned to practice in Switzerland and lived to an old age.

**Maximinian (Max) de Crinis:** Professor of Psychiatry and one of the most influential Nazi psychiatrists directly involved in the killing program, who sentenced patients to death. He committed suicide in May 1945.

**Imfried Eberl:** A T4 consultant (not psychiatrist), Eberl served as a deputy to Dr. Werner Heyde, supervising the false causes of death and to establish policies to cover up T4's operation. He organized special transports of Jewish patients to Brandenburg killing institution. At 32, he was appointed commandant of the notorious death camp, Treblinka, where, with his T4 experience, he was able to construct the gassing apparatus for killing inmates. In August 1942 alone, he 215,000 Jews killed (compared to 18,000 patients killed in just over 18 months when he was a T4 expert). He committed suicide.

**Heinrich Gross:** Psychiatrist involved in euthanasia and in experiments on children. In 2000, his last trial had been suspended indefinitely because of his poor health. It was the third failed attempt in 55 years to convict Gross, who was in charge of the infant ward at Spiegelgrund from 1941 to 1943 and again in 1944. At his first trial in 1950, Gross was convicted of manslaughter but never served his two-year sentence, as the verdict was set aside on a technicality.

**Werner Heyde:** T4 psychiatrist was charged with war crimes but committed suicide in 1964 before going to trial.

**Alfred Hoche:** A professor of psychiatry and director of the psychiatric clinic at the University of Freiburg, suggested in 1920 that a commission be appointed to order the euthanasia of "dead-weight characters." He co-authored a book that justified euthanasia, *Freedom to Destroy Life Unworthy of Living* (also known as *The Destruction of Life Devoid of Value.*) He preached the "unimportance of the individual" and the need for Germany to revitalize its people by eliminating its weak elements.

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**Friedrich Mauz:** A professor of psychiatry, he was a Military District Psychiatrist and a T4 consultant. After the war, he continued as professor of psychiatry at the University of Münster. In 1948 he was a German delegate at the founding conference of the World Federation for Mental Health.

**Friedrich Albert Panse:** T4 psychiatrist was acquitted of all charges against him in 1947, became a lecturer at the Universities of Bonn and Dusseldorf and was president of the German Society of Psychiatrists for 1965-66.

**Kurt Karl Ferdinand Pohlisch:** He was the medical director of a child killing psychiatric institution. He participated in the first secret euthanasia conference. He was never brought to trial.

**Carl Schneider:** Professor of psychiatry at Heidelberg University, who had conducted euthanasia experiments and killings. He committed suicide in 1946.

**Werner Villinger:** T4 psychiatrist. Prosecutors interviewed him in the Limburg “euthanasia” trial but he subsequently committed suicide.



## PSYCHIATRIC LIVING WILL

**T**he following declaration should be signed and, where possible, witnessed, in addition to a notary public, by a trusted family member and/or confidant. Make several copies of the document with each copy notarized. Courts may not recognize the Living Will unless you have it filed with an attorney/lawyer, so provide a copy to your appointed legal representative and to each of the person(s) named below. It is also recommended that a copy of this be forwarded to CCHR International or nearest local CCHR chapter available at ([www.cchr.org/global-locator](http://www.cchr.org/global-locator)). CCHR International's address is 6616 Sunset Blvd., Los Angeles, California, United States, 90028.

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### PSYCHIATRIC "LIVING WILL" (Advance Protective Directive)

I, \_\_\_\_\_ born on \_\_\_\_\_

in \_\_\_\_\_, current address \_\_\_\_\_

\_\_\_\_\_

being of sound mind, willfully and voluntarily make known my desire that should it be so considered or decided that I be subject to involuntary incarceration or hospitalization (also known as committal and certification) in a psychiatric hospital, ward, facility, home or nursing home, and/or that I be subject to psychiatric procedures, including psychotropic drugs (including, but not limited to antipsychotics, antianxiety drugs, benzodiazepines, tranquilizers, antidepressants, psychostimulants or mood stabilizers) or any other physical or biological psychiatric therapy, I direct that such incarceration, hospitalization, treatment or procedures not be imposed, committed or used on me.

I refuse contact with and treatment by any psychiatrist, psychologist or other mental health practitioner as these practices, according to my personal, philosophic and/or religious convictions, do not adequately or properly diagnose and such diagnoses can constitute a false accusation about my behavior and/or beliefs and practices, are stigmatizing and therefore a threat to one's reputation and physical and mental well-being. Any of their treatments, given against my express wish, are an intrusion upon and thus an assault on my body and constitute, in my view, assault.

Among other situations, the above directions and positions apply in any case where my capacity or ability to give instructions may be or may be claimed to be impaired, or should I be in a state of unconsciousness, or should my communication in an actual and/or legal sense be impossible, or where any psychiatrist, psychologist, mental health practitioner,

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or law enforcement official or person asserts that the matter is a “life-saving” situation requiring emergency intervention and/or treatment under any involuntary commitment law or similar legal authority.

In the absence of my ability to give further directions regarding the above, it is my intention that this declaration be honored by my family and physician(s) as an expression of my legal right to refuse medical, psychological, psychiatric or surgical treatment.

The lawyer mentioned below is appointed and authorized to institute appropriate proceedings on my behalf should the above declaration be violated and have my permission herewith to proceed with whatever criminal and/or civil procedures necessary to rectify such a violation.

I herewith authorize the following person(s) with the enforcement of this declaration of intention:

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(Name of lawyer/attorney)

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Contact information

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(Family member or other)

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Contact information

The declaration is also binding for my lawful agents, guardians, family, executors or any person with the legal or other right to take care of me or my affairs.

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Signed

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Date

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Address

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Signature of notary/justice of the peace/attorney, etc.

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Name of notary, etc.

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Before me on this date (date notary witnessed the signature)

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at (place where signature is witnessed/notarized)



# PARENT'S EXEMPTION FORM PRIOR TO MENTAL HEALTH AND PSYCHOLOGICAL SCREENING OR COUNSELING

To: Superintendent of Schools of \_\_\_\_\_  
Principal, \_\_\_\_\_ (name of school)

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This letter serves to provide notice that absent (without) our/my written consent, our/my child *may not* be subject to any form of mental health, psychological, social services or counseling screening or tests.

I/we formally exempt my/our child from all mental or social service programs and screening, whether directly by the school or through an affiliated resource. Concerns by school staff relating to our/my child's purported mental health, are to be brought to us/me for our/my attention and assessment. School staffs are not to take it upon themselves to obtain a diagnosis or to provide mental health treatment, analysis, referral or labeling of any nature. Assessment and testing are to center on academics and physical fitness only. The informed consent requirement encompasses, but is not necessarily limited to, the following activities:

1. School-based counseling related to mental health.
2. Behavioral, mental health, depression/suicide or psychological/behavioral screenings of any nature and/or diagnostic instruments (i.e., TeenScreen, emotional factors such as anger or peer relationships, sexual activity or orientation).
3. Anger management, "self-esteem," "conflict resolution" courses; group or family counseling.

This is not a complaint against the school. Rather, it is an exercise of parental rights made necessary by events globally in which children have been harmed and their rights, safety and health injured by mental health assessments and diagnosis that are based upon subjective tests having no basis in science.

I thank you in advance for your cooperation in this matter. For our mutual protection and



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to assure there is no misunderstanding, a copy of this letter is on file with my attorney, and/or with applicable civil rights and human rights organizations. This notice applies until and unless revoked in writing by us/me, and it is to follow our/my child through progressive levels of school in this jurisdiction, district or county.

Dated \_\_\_\_\_

\_\_\_\_\_  
Parent(s) or Guardian of

cc: Township, county, district or municipality Board of Education

Principal of the \_\_\_\_\_ Preschool/Elementary/Middle/High School/College



# THE CITIZENS COMMISSION ON HUMAN RIGHTS

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The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Its co-founder was the late Dr. Thomas Szasz, professor of psychiatry, State University of New York Health Science Center. Dr. Szasz was an internationally acclaimed author of more than 30 books about psychiatric coercion, including *The Myth of Mental Illness*, *The Manufacture of Madness*, *The Therapeutic State*, and *Liberation by Oppression*.

CCHR has more than 200 chapters in 30 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR works closely with and supports medical doctors and sound medical practice. A key CCHR focus is psychiatry's use of subjective "diagnoses" that lack scientific or medical validation, but which are used by mental health professionals to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Psychiatrists stigmatize individuals with these disorders to prescribe life-damaging treatments, including mind-altering drugs and electroshock treatment, which mask a person's underlying difficulties and can exacerbate them without providing proper medical treatment.

CCHR's work aligns with the United Nations Universal Declaration of Human Rights, in particular the following precepts which psychiatrists violate on a daily basis:

- Article 3: Everyone has the right to life, liberty and security of person
- Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment
- Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

CCHR has inspired many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as by working with media, law enforcement and public officials the world over.



# CCHR RECOGNITIONS

## U.S. HOUSE OF REPRESENTATIVES RESOLUTION:

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### **Congresswoman Diane Watson**

“The United States House of Representatives highly commends CCHR for securing numerous reforms around the world, safeguarding others from abuses in the mental health system and ensuring legal protections are afforded them.”

### **U.S. Congressman Dan Burton**

“CCHR is a shining example of what people can accomplish in a free society. Through united action, effective education and advocacy, CCHR has helped to bring about critically needed healthcare reforms that make our society and country a better place.”

### **Mexico’s Committee of Science and Technology of the Federal House of Representatives**

“Honor those to whom honor is due. On their 40th Anniversary, we broadly recognize CCHR’s unprecedented fight in mankind’s history against psychiatric abuses, its protection of children from abusive practices and treatments and encourage CCHR’s humanitarian work.”

## CERTIFICATE OF SPECIAL CONGRESSIONAL RECOGNITION:

### **U.S. Congressman Brad Sherman, Congresswoman Loretta Sanchez**

“CCHR serves as a stellar example of the united power of individuals who achieve reform through dedicated efforts to better society and effective education and advocacy. We recognize CCHR for the many great reforms it has championed, which today protect individuals against cruel, inhumane and degrading treatment and for its leadership role in raising public awareness so that dignity and human rights can be returned to all men.”

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**The Hon. Leanna Washington, Commonwealth of Pennsylvania**

“Whereas, [CCHR] works to preserve the rights of individuals as defined by the Universal Declaration of Human Rights and to protect individuals from ‘cruel, inhuman or degrading treatment’...the House of Representatives of Pennsylvania congratulates (CCHR International). ... Its noble humanitarian endeavors will long be remembered and deeply appreciated.”

**Office of the Governor of California Certificate of Recognition**

“CCHR has worked tirelessly to raise public awareness about human rights abuses in the mental health field. The Commission has dedicated [an] outstanding effort to the protection of our young people. On behalf of the State of California, I commend the CCHR for its long-standing commitment to secure human rights for mental health patients and children. CCHR’s extraordinary advocacy for those in need is truly an inspiration.”

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**Erica-Irene Daes, Special Rapporteur, Report to the United Nations Human Rights Commission**

“The main task of CCHR has been to achieve reform in the field of mental health and the preservation of the rights of individuals under the Universal Declaration of Human Rights. CCHR has been responsible for many great reforms. At least 30 bills [now hundreds] throughout the world, which would otherwise have inhibited even more the rights of patients, or would have given psychiatry the power to commit minority groups and individuals against their will, have been defeated by CCHR actions.”

**Dr. Ben Ngubane, Former Minister for Arts, Culture, Science and Technology, South Africa**

“I congratulate CCHR for having identified the inhumanity inflicted on the mentally ill and their untiring campaigns to bring this to the world’s notice. As a country and government, we will work with organizations such as CCHR seeking to protect all citizens from the type of terror and oppression experienced by the majority of the citizens of South Africa during apartheid.... Through the courage and compassion that mark true humanity, your record in the fight against the apartheid psychiatric establishment, which so blatantly discriminated against black people, is laudable and exemplary.”







# GLOSSARY OF TERMS

**Aktion Reinhardt:** also known as Operation Reinhardt, it was the code name for the German plan to murder the approximately two million Jews residing in German-occupied Poland during WW II.

**apologist:** a person who argues in defense or justification of something, such as an idea, faith, or action. For example, many psychiatrists were apologists for what their German colleagues did actively developing and carrying out euthanasia in Nazi Germany.

**Auschwitz:** part of a large concentration and extermination camp network located in Poland. It was the largest of its kind established by the Nazis, consisting of three main camps and 39 subcamps. Prisoners were used for forced labor. Approximately 1.1 million Jews were deported to Auschwitz, of which 960,000 were killed. Gypsies, Poles, Russians and other European citizens were also interned there and killed.

**bloodletting:** purposefully cutting the human body to release blood used as a medical treatment. Psychiatrists used bloodletting in the 1700 and 1800s “to rid the brain of congestion and excess blood”, theorizing that draining blood could cure or relieve mental illness.

**commandant:** the commanding officer of one of the Nazi concentration camps.

**concentration camp:** a guarded prison camp for the holding or imprisonment of ethnic minorities, political opponents, etc., especially any of the camps established by the Nazis prior to and during World War II in which millions were confined and exterminated. A total of 22 main concentration camps were established, together with approximately 1,200 affiliate camps. Besides these, thousands of smaller camps existed in all parts of German-controlled Europe. The 22 main camps were as follows:

**Austria:** Mauthausen

**France:** Natzweiler-Struthof

**Germany:** Arbeitsdorf, Bergen-Belsen, Buchenwald, Dachau, Flossenbürg, Mittelbau-Dora, Neuengamme, Ravensbrück, Sachsenhausen, Wewelsbur



**Latvia:** Riga-Kaiserwald, Vaivara

**Lithuania:** Kaunas

**Poland:** Auschwitz, Gross-Rosen, Krakow-Plaszow, Majdanek (Lublin), Stutthof, Warsaw

**The Netherlands:** Herzogenbosch

**“Death Head” unit:** a special unit of the Nazi SS (Schutzstaffel, German for “protective shield”) that was assigned to run the Nazi concentration camps. There was nothing “protective” about their work; the purpose was extermination.

**eugenics:** the study or theory of selective breeding to improve the quality of the human race. It led to various punitive movements such as force sterilization (destroying reproductive organs) or denying certain races or classes of people medical treatment that could prevent their death. The term comes from *eu* (good) and *genos* (stock). British psychologist, Francis Galton, developed it in the late 1800s.

**euthanasia:** (literally meaning “good death”) the act of killing someone “painlessly,” because of an incurable disease. In the Nazi context, “euthanasia” meant wholesale murder of “life unworthy of life,” first murdering mentally and physically disabled patients living in institutional settings in Germany and German-occupied territories, before exporting this to concentration camps. Also referred to as “mercy killing.”

**extermination camps:** killing centers established by the Nazis for efficient mass murder. Unlike concentration camps, which served generally as a prison and labor center, extermination camps (also referred to as “death camps”) were almost exclusively for massive killing, either by poisonous gas (Zyklon B) or shooting.

**fascism:** a system of government in which industry and labor are regulated by a strong national government that rigorously suppresses all opposition. Ruled by a dictator who greatly restricts the freedoms of the country’s citizens and favors extreme militarism.

**genocide:** the systematic extermination of a national, racial, political, or cultural group.

**The German Association for Psychiatry and Psychotherapy:** founded in 1842, it is the largest and oldest association of psychiatrists and psychotherapists in Germany.

**Gestapo:** the secret state police in Nazi Germany, organized in 1933 and known for its brutal methods, tortures and operations.

**Health Court:** special courts, also called “Special Hereditary Courts” that were established during Nazi Germany to determine who would or wouldn’t be sterilized (reproduction organs destroyed). These courts consisted of three members: a judge and two doctors.

**Holocaust:** the mass murder of about 6 million Jews (and millions of other minorities and mentally disabled) under the German Nazi regime during the period 1933–1945. “Holocaust” is a word of Greek origin meaning “sacrifice by fire.”





**I.G. Farben:** a chemical manufacturing company that established a plant near Auschwitz and used concentration camp prisoners as slave labor to manufacture Zyklon B, the poison gas that would ultimately be used against their own work force and millions of Jews and Germans.

**“mercy killing”:** another term for euthanasia, which is the act of killing someone painlessly, particularly rationalized to relieve suffering from an incurable illness. The Nazi psychiatrists took this a great deal further.

**Dr. Josef Mengele:** SS physician, infamous for his inhumane medical experimentation upon concentration camp prisoners at Auschwitz.

**National Socialism:** the principles and practices of the Nazi party in Germany. The National Socialist Party, a fascist political party led by Adolf Hitler, ruled Germany from 1933 to 1945.

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**Nazism:** the beliefs and methods of the National Socialists in Germany or Nazis. It believed in state control of industry, denunciation of communism and Judaism and the dominance of Germany as a world power.

**Nuremberg Code:** a set of ethical guidelines for human experimentation, written after the Nuremberg trials.

**Nuremberg Laws:** at an annual conference held in Nuremberg in 1935, the Nazis announced these oppressive laws, which established many of the racial theories throughout Nazi ideology. The laws excluded German Jews from citizenship, deprived them of most political rights, and prohibited them from marrying or having sexual relations with persons of “German or related blood.”

**Nuremberg Trials:** a series of international criminal trials held in the German city of Nuremberg at the end of WW II. During the trials, the Allied forces hoped to bring the major creators of the Nazi regime to justice, prosecuting people involved in various levels of Nazi Germany. The Nuremberg Trials included:

The Trial of the Major War Criminals (14 November 1945–1 October 1946)

The Doctors’ Trial (9 December 1946–20 August 1947)

The Judges’ Trial (5 March–4 December 1947)

The I.G. Farben Trial (27 August 1947–30 July 1948)

The Hostages Trial (8 July 1947–19 February 1948)

The Ministries Trial (6 January 1948–13 April 1949) and

The High Command Trial (30 December 1947–28 October 1948)

**racial hygiene:** an early twentieth century ideology by which certain groups of individuals were allowed to procreate and others not, with the purpose of promoting characteristics deemed to be desirable in the human race. A prominent example is the implementation of racial hygiene policies by Nazi Germany, though similar policies were implemented throughout Europe and North America.



**SS: an abbreviation for Schutzstaffel (German for “protective shield”):** it was the elite military unit of the Nazi party that served as Hitler’s bodyguard, special security forces, concentration camp guards, and combat troops.

**sterilization:** any of various (usually medical) procedures intended to eliminate a person’s ability to reproduce. Nazi doctors used surgical procedures, injections of carbon dioxide and exposure to x-rays.

**Third Reich:** the official Nazi designation for the regime in Germany from January 1933 to May 1945, as the presumed successor of the medieval and early modern Holy Roman Empire of 800 to 1806 (the First Reich) and the German Empire from 1871 to 1918 (the Second Reich).

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**T4 (“Operation T4”):** the name for Nazi psychiatrists’ secret euthanasia program established to kill the mental and physically disabled, the feeble-minded, morons, the elderly people and many others. Hitler initiated this program in 1939, and, while it was officially discontinued in 1941, psychiatrists continued to kill their patients until the military defeat of Nazi Germany in 1945. The operation took its code-name from the street address of the program’s coordinating office in Berlin: Tiergartenstrasse 4.

**Universal Declaration of Human Rights:** a United Nations document that set out, for the first time, the fundamental human rights to be universally protected. It was drafted by representatives from all areas of the world and officially adopted by the United Nations on December 10, 1948 in response to the Holocaust/WW II.

**World Federation for Mental Health:** an international mental health membership organization founded in 1948. Former Nazi psychiatrists attended the inaugural conference, with one German involved in the T4 extermination campaign during the Holocaust.

**World War II:** (1939-1945) a war involving almost every major country in the world. On one side were the Allies (including England, France and Poland, and after 1941 the United States and Russia). On the other side were Germany, Japan and Italy. The war was started by Adolf Hitler, the leader of Germany who aimed to increase German power by attacking other countries and taking control of them. It ended with the defeat of Germany and Japan. About 55 million people were killed in the war, 25 million military personnel and 30 million civilians.

**Zyklon B gas:** also spelled Cyclone B, was the trade name of a cyanide-based pesticide invented in the early 1920s. It is known for its use by Nazi Germany to murder millions of people in gas chambers during the Holocaust.



# CONTACT INFORMATION

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