The Administration of Death:

Karl Brandt, Philipp Bouhler, Viktor Brack, and Leonardo Conti

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Abstract

This essay provides a new perspective on the administrative structures of the Nazi euthanasia programs of 1939-1942. The focus is on the four key individuals involved in the planning and execution of the program: Dr. Karl Brandt, Viktor Brack, Philipp Bouhler, and Dr. Leonardo Conti.

The most lethal phase of the Holocaust commenced with the German invasion of the Soviet Union in the summer of 1941. Beginning in December of that year, scores of victims were systematically gassed in Nazi extermination camps, but the methods used in the destruction of the European Jews had been developed and tested much earlier. The euthanasia program (Operation T4) that had been carried out by the Nazis between late 1938 and August 1941 laid the ground for the killing methods used in the Holocaust.\(^1\) It was the Nazis’ goal to create a racially defined Volksgemeinschaft or people’s community that excluded all individuals and

groups who did not fit Nazi criteria of racial purity and superiority. While Jews were the Nazis’ main target, other groups were also excluded, for instance Sinti and Roma and so-called “aliens to the community.” Children and adults with physical and mental disabilities that were deemed to be “unworthy of life” became victims of the euthanasia program. This program and the men who directed it are the topic of this essay.

The men that were in charge of establishing, organizing, and administering the euthanasia program were not directly involved in the killing of patients. Instead they were hidden away in their offices in Berlin, planning the murders and manipulating the personnel that carried out these horrendous crimes. Philipp Bouhler, head of the Chancellery of the Führer or Kanzlei des Führer (KdF), Viktor Brack, head of Central Office II within the KdF, Dr. Leonardo Conti, Reich Health Leader, and Dr. Karl Brandt, Hitler’s personal escort physician, were the men who planned and organized the program from an office building located at Tiergarten Straße Number 4 or simply T4 in Berlin. They organized and controlled the bureaucratic apparatus needed for the carrying out of the killings, and therefore played a crucial role in the development of the methods and procedures used to eradicate those that were thought not to belong in the Volksgemeinschaft.

This essay examines the actions and decisions of the four men who planned, organized, and administered the euthanasia program. It aims to untangle the intricate web of cover-ups and pseudo organizations that were created within the Nazi Regime to hide their crimes. It shows that

\[2\] For a discussion of the concept of Volksgemeinschaft see Peter Fritzsche, Life and Death in the Third Reich (Cambridge: Bellknap Press, 2008), 38-55.
\[3\] “Aliens to the community” were defined as asocial or outcasts. For an in-depth discussion of this concept see Aly, Chroust, and Pross, Cleansing the Fatherland, 52-68; see also Friedlander, Origins of Nazi Genocide, 62.
\[4\] Ibid., 68.
these Nazi officials were eager to take action based on what they thought Hitler wanted them to do, a mindset that historian Ian Kershaw has called “working towards the Führer.” They had considerable leeway for their actions and were able to act on their own judgments and ambitions. The bureaucratic apparatus they created was used to mask their true roles and involvement. This deception began with the child’s euthanasia program and was then carried over into the adult euthanasia program. The structure of both the children’s and the adult programs were well hidden and not clear to outsiders, but the four men - Brandt, Conti, Bouhler, and Brack - were always in charge. Although they later denied their involvement and downplayed their own roles and responsibility, these men were completely entrenched in the euthanasia program and controlled its operations.

The scholarly literature on the euthanasia program is extensive. But while many scholars have studied in great detail the doctors and nurses charged with carrying out the euthanasia, none of them have examined the hierarchy in the ways that this essay aims to do. It is important to understand this because it is typical of the functioning of the Nazi state where organs of policy making were multilayered and almost impossible to disentangle, and where determined individuals could take initiative and establish positions of power for themselves. The primary sources used for this analysis are the transcripts from the trial against twenty-three Nazi physicians and administrators, the so-called Nuremberg Doctors Trial, which took place from 9

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December 1946 to 20 August 1947. Both Karl Brandt and Viktor Brack were defendants at the trial; Philipp Bouhler and Leonardo Conti had committed suicide prior to the proceedings. Of particular importance are the affidavits given by several men at the trial including those of Brandt and Brack, and also of Chief of the Reich Chancellery Hans Lammers, Ministerialrat Dr. Ludwig Sprauer, and professor of eugenics at the University of Giessen Dr. Hermann Boehm. The affidavits provide insight into the ways in which they attempted to explain not only their own actions (Brandt and Brack) but also the actions of other bureaucrats and doctors involved in the euthanasia program (Lammers, Sprauer, and Boehm).

One of the most condemning and telling pieces of evidence presented at the trial was a chart constructed by Viktor Brack that laid out the entire hierarchy of the T4 Program, as shown in figure 1 (original) and figure 2 (my translation). The most staggering aspect of this chart was the recall that was required by Brack to construct it. When he created it on 12 September 1946, Brack was still able to recollect all the names of the major participants, their positions, and most importantly, their relationships in the program. This proves not only Brack’s deep involvement in the program, but it also shows the importance that many Nazis placed on their positions within the Third Reich. Brack obviously saw himself as an important figure within the program and understood its intricacies. One can only speculate why Brack was willing to give such detailed information while on the witness stand. Perhaps he felt remorse and felt that the truth should be known. It is also possible that Brack was willing to divulge so much information because he wanted to portray himself as an important person in the program. The chart will be used to show the development and actions of the four main contributors, and to show the hierarchy of the program that took the lives of thousands of innocent people.
Figure 1: Above is the original chart constructed by Viktor Brack at the Nuremberg Doctor’s Trial. Courtesy of Harvard Law School Library, “Nuremberg Trials Project: A Digital Documentation,”
Figure 2: A complete translation of figure 1 (translated by author).
Brandt and Bouhler played a crucial role from the very beginning; the two of them helped start the child euthanasia program that would serve as a catalyst for the later adult T4 program. The beginnings of the child euthanasia program can be traced to one incident that occurred sometime in spring of 1939. "Toward the end of 1938, the Nazi regime was receiving requests from relatives of newborns or very young infants with severe deformities and brain damage for the granting of a mercy killing." The father of an infant named Gerhard Hebert Kretschmar, who was born blind, mentally handicapped, with one leg and part of one arm missing, petitioned Hitler’s personal chancellery to allow for the mercy killing of this child. Hitler ordered his personal physician, Brandt to travel to Leipzig where the child was located for evaluation. Hitler authorized Brandt, if the reports were true, to give permission to the doctors overseeing the case to kill the child. When Brandt returned from Leipzig, Hitler empowered him to carry out euthanasia in similar cases and instructed him to work closely with Bouhler. From that point on, euthanasia victims were no longer chosen based on parents’ or relatives’ requests but instead at the discretion of several doctors that would decide the fate of the children. The two were to discuss all decisions between themselves and were charged with all of the initial planning. The killing of this infant proved to be the beginning of the power that would be entrusted to Brandt and Bouhler in the euthanasia program. From here on Brandt and Bouhler began to build this organization that was to remain hidden from the public. This process illustrates the erosion of law under the Nazis. Euthanasia was illegal but the will of the Führer trumped legality.

9 Schmidt, *Karl Brandt*, 118.
The child euthanasia program was to function in complete secrecy and with no direct ties to the party or the government because not only was it illegal, but also because of certain public disapproval. Fear of public protest was so great that the Ministry of Propaganda advised the press not to discuss euthanasia in any way.\textsuperscript{13} At the early planning stage, Viktor Brack, Bouhler’s deputy in the KdF, was brought into the group and charged to create a series of pseudo-organizations that would be used for the cover up. In order to carry out these initiatives, the Reich Committee for the Scientific Registration of Serious Hereditary and Congenital Diseases was created. The committee’s ostensible purpose was “for the clarification of the scientific questions in the field of congenital malformation and mental retardation, and the earliest possible registration of children under the age of three.”\textsuperscript{14} Brandt and Bouhler believed that this obscure and scientific sounding title would keep their activities hidden from the public eye. This organization was completely fictitious and never even held a place in an actual building; the mailing address of this committee was a post office box.\textsuperscript{15} Now that his cover organization was created, Brack sought to employ doctors that he knew could be manipulated. While not all doctors were specialists in eugenics, they all held pro-euthanasia beliefs. The doctors that were brought into this circle were Karl Brandt, Werner Catel, an obvious choice as the Kretschmar child had been killed in his clinic, and Hans Heinze, a specialist in psychology and neurology. Others included Hellmuth Unger, a successful ophthalmologist whose novel \textit{Sendung und Gewissen} was later adapted for the pro-euthanasia propaganda film \textit{I Accuse}, and Ernst Wentzler, a successful pediatrician in Berlin.\textsuperscript{16} Catel, Heinze, and Wentzler reviewed the forms

\textsuperscript{14} Lifton, \textit{Nazi Doctors}, 52.
\textsuperscript{15} Friedlander, \textit{Origins}, 44.
\textsuperscript{16} Bryant, \textit{Confronting the Good Death}, 31.
that had been filled out by local doctors or midwives and decided which children were to be killed. In Brack’s chart, these men are not listed by name but would have been placed under Professor Heyde and Professor Nietsche, under the heading of experts. (See fig. 3) This centralized structure let Brandt, Bouhler, and Brack oversee the program from one place and facilitated the eventual expansion of the operation to a larger scale. The deceit by Brandt, Bouhler, and Brack continued when they shifted from the murder at the request of parents to deception by way of questionnaires. The doctors at the clinics were instructed to fill out questionnaires that were to be sent to the T4 “experts” who would then decide the fate of the child without the consent of the parents.17 Once the children’s euthanasia program was in full effect and the number of total children euthanized had reached 5,000, the next phase would begin.18

**Figure 3:** The boxes under the title *Gurachter* are the places in which the doctors would have been placed. Detail of Figure 1.

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17 For more information regarding the ways in which the children were murdered see Susan Benedict and Jochen Kuhla, “Nurses’ Participation in the Euthanasia Programs of Nazi Germany,” *Western Journal of Nursing Research* 21, no. 2 (1999): 249.
18 Number taken from the Frankfurt prosecutor’s indictment of Werner Heyde, Gerhard Bohne, and Hans Hefelmann in May 1962, see Bryant, *Confronting the Good Death*, 35.
In the summer of 1939, Hitler extended the euthanasia program to adults. Though Brandt and his KdF associates had proven that they could handle the administrative side through their planning and organizing of the children’s program, Hitler, for personal reasons, at first wanted to put the program in the hands of Leonardo Conti, who was the head of the Department of Health in the Reich Ministry of the Interior, Reich Health Leader, and longtime member of the party.\textsuperscript{19} Bouhler did everything he could and eventually succeeded to sway Hitler to keep the euthanasia program under the control of the KdF. His goal was not only to keep the program out of the hands of Conti, but more importantly out of the hands of Martin Bormann, an influential member and later director of Nazi Party Chancellery, who had gained the personal trust of Hitler. Bouhler feared that if Conti was given the order to carry out the euthanasia program, Bormann would in turn take over as Conti was subordinate to Bormann. Bormann was a rival for power because he was known to be a fanatical supporter of euthanasia. He once stated “It would be by no means restricted to the incurably insane.”\textsuperscript{20} Afraid that Bormann might take over, Bouhler did everything he could to keep the euthanasia program within the KdF so that he could keep it under his control.

Just as in the children’s program, another group of willing physicians was assembled to carry out the orders issued by the KdF. These doctors were all aware that adult euthanasia was illegal in the Third Reich, and together with Brack, Brandt and the KdF wanted written authorization before carrying out medical murder. With this pressure from Brandt and Bouhler, who were exceptionally close to the Führer, sometime in October 1939 Hitler issued the order that would commence the adult euthanasia program. Though the order was issued in October, it

\textsuperscript{19} Friedlander, \textit{Origins}, 37.
\textsuperscript{20} Gallagher, \textit{By Trust Betrayed}, 25.
was backdated to September 1, 1939 to hide it under the guise of a war-related memorandum.

The order stated:

Berlin, 1 Sept. 1939

Reichsleiter Bouhler and Dr. Brandt, M.D. are charged with the responsibility of enlarging the authority of certain physicians to be designated by name in such a manner that persons who, according to human judgment, are incurable can, upon a most careful diagnosis of their condition of sickness, be accorded a mercy death.

(Signed) A. Hitler

With the official order given, Brandt and Bouhler were in complete control of what was about to take place for the next two years, and implicitly that authority extended to Brack as Bouhler’s right-hand man. By getting written authorization for their actions their responsibility was also irrevocably established and later efforts to downplay their involvement were futile.

The men in charge of the program had different responsibilities and it is important to explore their backgrounds to distinguish the characteristics of their power. In Brack’s view, Karl Brandt was at the top of the hierarchy of the euthanasia operations. Brandt supervised the first euthanasia case and was involved in the T4 program. After joining the Nazi Party in January 1932 and the SS in 1934 Brandt climbed the ranks quickly and around the time of his SS acceptance he served as Hitler’s personal escort physician when he was away from the capital. Hitler had appointed Brandt in 1934 after he had impressed him with his ability to perform emergency medical procedures on Hitler’s adjutant Wilhelm Brückner after a car accident. This personal encounter with Hitler was the origin of Brandt’s influence and power. From the time of

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22 For an excellent biography see Schmidt, Karl Brandt.

23 Bryant, Confronting the Good Death, 95.

24 Schmidt, Karl Brandt, 53.
the Kretschmar case in early 1939, Brandt was an original and influential member of the euthanasia bureaucracy as the medical expert. His power reached new levels when he became involved in the adult program. Brandt was viewed by many as the man in charge of the program, as is evident in the affidavit of Dr. Boehm, a physician who in November 1940 was seeking an audience with Hitler to discuss his concerns about the program. Boehm spoke with the head of the Party Chancellery, Martin Bormann about this meeting and “Bormann referred him to Brandt as the responsible authority for the execution of the euthanasia program.”25 This shows that it was common knowledge among the Nazi elites that Karl Brandt was the man to speak with if there was a question regarding the program. Brack makes it clear in his chart that Brandt was the center of the organization. He placed Brandt in the center with all subsequent names coming after his.26 (See fig. 1)

Brandt was in constant contact with Bouhler and kept him up to date on the program and its dealings. Brandt wanted his organization to be legitimate so that his personal orders had some sense of legality. To do this, Brandt used his connections to Hitler and his own personal power to manipulate the Department of the Interior. This department held the power to issue legally binding orders and Brandt used them to authorize various aspects of the euthanasia program. At the Nuremberg Doctors’ Trials, Dr. Ludwig Sprauer stated that “Karl Brandt gave orders to Conti, which were passed on behalf of the Department of the Interior.”27 This gave Brandt and his euthanasia program even more secrecy as he was channeling his orders through another

government organization, thus hiding his responsibility. He was able to issue these orders to the Department of the Interior due to the position that he was placed in by Hitler as the Reich Commissioner for Health and Sanitation.\textsuperscript{28} This meant that Brandt was now in control of the entire health system within the Reich and was placed above Conti in the Nazi hierarchy.

One of Brandt’s most significant decisions was determining which method would be used to carry out the euthanasia killings; both a lethal injection of luminal and gassing by carbon monoxide had been tested. As patients who had been injected often died slowly and needed more than one injection Brandt along with Brack made it a mandatory practice to use carbon monoxide; subsequently, gas chambers were installed at several of the euthanasia centers.\textsuperscript{29} The killing techniques developed for the euthanasia program helped to prepare the ground for later genocidal actions. Brandt was at the height of his power.

Brandt’s involvement in the euthanasia program gradually decreased as he became a prominent Nazi figure. Though Brandt oversaw the administration of the euthanasia program, he never actually set foot within the T4 building and had little to do with its day-to-day operations.\textsuperscript{30} Due to his growing popularity with Hitler and other high-ranking Nazi officials, Brandt quickly rose through the ranks of the Nazi hierarchy. His time served in Operation T4 began to dwindle as he was forced to focus his time elsewhere within the Reich but he did not lose influence altogether.\textsuperscript{31} Though Brandt denied his involvement in the T4 program after the official stoppage was issued on August 24, 1941, it can clearly be seen that he still held a position of power within the T4 program. Although he stated that he had resigned from his position within the T4

\textsuperscript{28} Bryant, \textit{Confronting the Good Death}, 94.
\textsuperscript{29} Ibid, 43.
\textsuperscript{30} Brack testified that to his knowledge Brandt never was in the office “T4”, found in \textit{Trials Vol. I}, 822.
\textsuperscript{31} Friedlander, \textit{Origins}, 189.
operations sometime in 1942, evidence presented at the Nuremberg Doctors’ Trial showed that he was in fact in charge until the fall of Nazi Germany.\footnote{Trials Vol. I, 807.} One of the most convincing accounts of this was a letter sent from the Patients Transport Corporation, dated July 20, 1943, to the Mental Institution at Hadamar. This letter stated:

I order transfer of insane persons to your institution also, by order of Professor Brandt, the Commissioner General of the Fuehrer for Medical and Health Service. You will get, on 26 July 1943, 150 insane women from the Mental Institution Warstein if the Reichsbahn will furnish the necessary cars as requested.\footnote{Trials Vol. I, 808.}

Brandt’s involvement continued until he was arrested on April 17, 1945 when Hitler found that Brandt had sent his wife and child away from Berlin to Thuringia to surrender to the Allies. Hitler immediately ordered that Brandt be charged with treason and condemned to death, but by that time the Allies had captured Berlin and arrested Brandt on their own charges. Brandt was only one of the major decision-makers in the euthanasia program and even when he turned his attention elsewhere while moving further up in the Nazi ranks he still kept one hand in the program.

As mentioned in Dr. Ludwig Sprauer’s affidavit, Dr. Leonardo Conti was one of Brandt’s subordinates.\footnote{“Evidence No-818,” Last modified June 2011, http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=1968&numpages=2&startpage=1&title=Affidavit.&color_setting=C, 1, accessed January 1, 2015.} Serving as the Reich Health Leader, head of the Department of Health in the Ministry of the Interior, and Chief of Health in the civilian sector, Conti was charged with working closely with the T4 staff in the planning and implementation of the program. Conti began his political career shortly after the end of World War I and in 1920 was involved in the attempt to overthrow the Weimar Republic in the right-wing Kapp putsch. After joining the SA
in 1923 and moving up the ranks of the Nazi Party, Conti quickly became the driving force behind reorganizing the medical profession in Nazi Germany as the head of the National Socialist German Doctors League. Once the order for the T4 program was issued, Conti quickly established himself as one of the main planners of the organization. Brack placed Conti below Wilhelm Frick in the chart, but that was only because Frick as Reich Minister of the Interior was formally Conti’s superior. The line drawn from Brandt to Conti shows the important place that Conti held with the euthanasia program. (See fig. 4)

Figure 4: Direct relationship between Conti and Brandt. Detail of Figure 1.

Conti’s role as one of the organizers of the program was apparent from the beginning. Before Hitler issued its authorization, Conti met with Brandt and Bouhler to discuss the parameters in which the organization would operate. According to the testimony of Hans Lammers at the Nuremberg Trials, “during a conference in the autumn of 1939 in the presence of himself, a commission was given to Conti to start euthanasia” in the institutions under his control as Reich Health Leader. Conti owed this appointment as Reich Health Leader to his close personal ties to Hitler. As the head of the civilian sector of health, Conti oversaw all of the institutions in which the euthanasia program was to be carried out. Therefore, cooperation and

35 Trials Vol. I, 842.
36 Ibid., 818.
inclusion of Conti was not only desirable for Brandt and Bouhler, but a necessity for the program to function. Brandt acted as the head of the medical decisions in the euthanasia program. Conti on the other hand served as more of a bureaucratic figure. From the onset, Conti used his role in the Ministry of the Interior to implement the process for registration. In a letter that Dr. Conti sent to all of the institutions under his supervision and addressed to the head doctors of the mental cases, a registration form was attached. This form was to be filled out by the respective doctors and sent back to the Ministry as quickly as possible. The true purpose of these letters was unknown to the doctors that were charged with filling them out and Conti meant to keep it this way. This registration form was used to compute the exact numbers of patients that each institution held and how many of them would be targets for the T4 program. Once all of the doctors had sent the forms back to Conti, he distributed them to the doctors who oversaw the T4 program and they made the final decision over life and death. Dr. Conti used his role in the Reich Ministry to enforce this registration process, but he also used his position in the Nazi hierarchy to assure the legality of the program.

As the T4 program progressed and grew, its questionable legality became a problem for all involved. The men in charge were concerned with the ability to enforce their guidelines and the ways in which they wanted to run the program. Because Philip Bouhler was given the lead of the program as the bureaucrat and Dr. Brandt as the head physician, neither of these men had the ability to issue a decree or order that would be legally binding to the personnel of the program. Conti’s position in the Ministry of the Interior made him the only person in the program who

could issue these orders. As Dr. Sprauer states in his affidavit: “Dr. Karl Brandt gave orders to Conti, which were passed on behalf of the Dept. of the Interior.”\(^{38}\) Though Brandt used his position to manipulate Conti and the Ministry of the Interior, Conti’s cooperation was required because his authority was the key to solving the legal problems associated with the program held as euthanasia remained illegal in Germany. Though the actual act of euthanasia was illegal, the orders that Conti issued were in fact legally binding and those who disobeyed them could be charged with treason. It was Conti’s plan to legalize euthanasia at some point in time during the program’s lifetime. In another affidavit Dr. Sprauer stated that in a conversation with Conti and Dr. Herbert Linden of the Ministry of the Interior, “it was planned to introduce a Euthanasia Law. For military-political reasons to create more space, the incurably insane were to be done away with.”\(^{39}\) However, the plan never came to fruition and euthanasia continued to remain illegal through the course of the war.

Dr. Conti’s role dwindled as time went on. With the official stoppage of the program in 1941, his focus shifted to the Ministry of the Interior. With the fall of Nazi Germany, Dr. Conti was captured by the Allied Forces and was to put on trial for his involvement in the T4 program, but hanged himself in his cell in October 1945.

Philip Bouhler was the bureaucratic head of the T4 program. As chief of the Chancellery of the Führer or KdF he had personal access to Hitler on a regular basis. He used his extensive powers and influence on Hitler to make sure the program was given all the resources it needed. Early on, Bouhler’s involvement in the children’s euthanasia program proved to be pivotal in the

\(^{38}\) “Evidence No-818,” 1.

birth of the adult program. Once he had gained the assignment to carry out the euthanasia program, Bouhler established himself as its administrator. Bouhler did not hold any medical training and did not have much to with the medical aspects of the operations, which was left to Brandt. However, from the administrative aspect of the organization, Bouhler oversaw all policy decisions and had the authority to overrule those he did not agree with. This was evident in his choice of doctors that were to work for him in the KdF. He selected them primarily based on their closeness to the regime. Their pro-euthanasia views were important too, but Bouhler was more concerned with finding trustworthy people who would hold their actions as a secret.40 Bouhler was the highest ranking official in the program with titles of Chief of the KdF, Reichsleiter, and SS-Obergruppenführer. Thus, he was the only one in the program who had the authority to give the order to kill. This was made clear in a meeting in late July of 1939 between Bouhler and the doctors that were brought in. In this meeting Bouhler made sure that the doctors understood what their actions would entail and assured them that they would be not in danger of criminal prosecution. He claimed that Hitler had not made any of their actions officially legal due to the fear of public outcry and the reaction it would provoke among foreign powers. These statements were a deliberate deception by Bouhler as Hitler had not officially ordered him to carry out the adult program, but he conveyed to these doctors that they had the blessing of Hitler and himself. According to a statement made by Werner Heyde on 25 October 1961, at the end of the meeting in 1939, “he then invited dissenters to withdraw from involvement if they so desired. None present opted out.”41

40 Lifton, The Nazi Doctors, 64.
Bouhler’s influence extended to different areas as well. He was also in charge of procuring the finances necessary for the program. Bouhler used his connections as a high ranking official to obtain the funds from the government.\(^{42}\) It was undisputed that Bouhler held a powerful administrative position and this was no secret to everyone else involved. Brack made this abundantly clear in the chart constructed, placing Bouhler among the three men at the top of the program and above himself. (See fig. 5)

![Figure 5](image)

**Figure 5:** Detail of Figure 1 depicting relationship between Brandt and Bouhler.

Though Bouhler was a key member in the T4 Operation, he did not control the day-to-day operations. This was Viktor Brack’s role. As Bouhler’s deputy and chief of Section II within the KdF he ran the office that was in charge of handling all of the complaints that were being brought to the Führer’s attention. As a man with a degree in economics, not medicine, Brack had worked his way through the hierarchy of the Nazi Party, starting as a chauffeur of Heinrich Himmler. After joining the party and SS in 1929 he eventually made such an impression on Bouhler in 1932 that he was named the deputy of Bouhler and chief of Central Office II in 1934.\(^{43}\) Once the control of the operational side of the T4 Operation had been handed to Brack, he was overzealous in carrying out these duties. In his testimony at the Nuremberg Medical Trials after the war, he stated:

\(^{42}\) Friedman, *Origins*, 190.

\(^{43}\) Bryant, *Confronting the Good Death*, 99.
We welcomed it [T4], because it was based on the ethical principle of sympathy and had humane considerations in its favor… I admit that there were imperfections in its execution, but that does not change the decency of the original idea, as Bouhler and Brandt and I myself understood it.  

Brack’s influential place in the program is shown by several different events during the course of the T4 Operation, but more importantly it is shown in the chart that he constructed. Brack did not place himself as one of the three main men of the bureaucratic superstructure, but just on the outside of their power. He wrote his name one step below Bouhler who was his superior. Though one step below Bouhler, Brack was in a position that gave him knowledge of the entire structure of the program. (See Fig. 6) Bouhler entrusted him with several important tasks. He established the Reich Committee for the Scientific Registration of Serious Hereditary and Congenital Diseases for children’s euthanasia and the offices at the T4 building for the adult program. Brack’s offices in the KdF did not have enough personnel to run the program, and he was personally in charge of bringing in all of the additional individuals that were needed. The Central Office II was headed by Brack, but he also created seven different sub-offices that all held different positions and tasks. To further continue the secrecy that was being created, Brack ordered that each of these offices create their own pseudo-organizations to hide the simple fact that they all reported to the same office at the KdF. These offices and their corresponding organizations handled everything that dealt with the euthanasia program from medical decisions to transportation decisions, and they all answered to Brack. Usually, high ranking SS officers

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44 Friedlander, Origins, 69.
45 These offices were: T4 Central Office, T4 Medical Office, T4 Administrative Office, T4 Central Finance Office, T4 Transport Office, T4 Personnel Office, and T4 Inspector’s Office all headed by different men at different times, see Friedlander, Origins, 70.
such as Brack did not become involved in day-to-day operations, but Brack would personally interview and instruct every personnel member who was to join the program.\footnote{Gitta Sereny, \textit{Into That Darkness} (New York: Vintage Books, 1974), 52.}

\begin{figure}
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\includegraphics[width=\textwidth]{chart}
\caption{Detail of Figure 1 depicting the place in which Brack placed himself on the chart.}
\end{figure}

Viktor Brack’s influence reached all the way down to individual euthanasia cases. All decisions related to the killing of senile people were to be based solely on Brack’s orders rather than the medical doctors that were assigned to this task.\footnote{Friedlander, \textit{Origins}, 81.} When the euthanasia program expanded from children to the inclusion of adults, Brack was involved with Brandt in the decision about new methods of killing. Brack took it upon himself to seek out new forms of murder. To do so, he sought out the assistance of a psychiatrist, Dr. Werner Heyde, who suggested the use of carbon monoxide. After experiments were conducted at Brandenburg Asylum comparing the differences between carbon monoxide and lethal injections, both Brandt and Brack agreed upon the use of carbon monoxide.\footnote{Lifton, \textit{Nazi Doctors}, 72.} Once the first successful gassings had taken place in the first gas chamber, Brack selected six different institutions where the murders would take place. These institutions were Brandenburg outside of Berlin, Grafeneck in
Württemberg, Hartheim near Linz, Sonnenstein near Dresden, Hadamar just north of Wiesbaden in Hessen, and Bernburg on the Saale River.\textsuperscript{49} Gas chambers were constructed within each building and specially designed to blend into the structure of the building. All of these institutions were to accept patients that would be killed under the euthanasia program. At Nuremberg, Brack described his instructions: “a room suitable in the planning of the hospital was used, a room attached to the reception ward… that was made into a gas chamber.”\textsuperscript{50} Brack had now constructed the structure for death that would be implemented on a larger scale once the Holocaust started.

Within a short time, Brack’s power in the program extended to a new level. In order to keep the entire operation as secretive as possible, patients’ families had to be deceived about the true circumstances of the patients’ deaths. Brack made it so “the death certificates issued to the relatives carried fictitious causes of death such as heart failure.”\textsuperscript{51} However, this did not work as well as hoped. Frequently, families would receive two death certificates or notices that they had died, for example, from appendicitis even though the patient had already had his appendix removed. A letter from Heinrich Himmler to Brack dated 19 December 1940, makes evident that the program was no longer a secret. In this letter, Himmler informed Brack that the facility of Grafeneck had become recognized by the public.\textsuperscript{52} By this time the secrecy of the T4 Operation could no longer be maintained. “People living near the extermination centres regularly saw the transports arriving, and had their homes and streets polluted by noxious smells shortly afterwards.”\textsuperscript{53} Along with the smells that were emanating from the killing centers, “children

\textsuperscript{49} Bryant, \textit{Confronting the Good Death}, 44.
\textsuperscript{50} Friedlander, \textit{Origins}, 88.
\textsuperscript{51} \textit{Trials Vol. I}, 844.
\textsuperscript{52} Ibid, 66.
\textsuperscript{53} Burleigh, \textit{Death and Deliverance}, 162.
playing in the streets near the Hadamar clinic would chant ‘here come the murder boxes’ in reference to the blackened window buses that brought new patients for euthanasia to the clinic.”

Brandt, Bouhler, and Brack had failed at their impossible mission of keeping the murder of 70,273 innocent lives a secret, and Hitler ordered the end of the adult euthanasia program on August 24, 1941. Though the order had been issued to stop public outcry, the murderers would continue their work in another capacity. In a meeting of all T4 representatives from the killings centers Brack declared against Hitler’s orders; “the operation will continue despite its official termination.”

This statement demonstrates that Brack’s actions could no longer be qualified as “working towards the Führer.” Rather, he was not willing to let go of a program that had given him such great power over life and death.

Once the euthanasia program had “officially” stopped, Himmler worked closely with Brack and Bouhler to determine how the killing facilities that had been established could be used in other ways. In early 1941, they turned their attention away from the asylums of Germany and focused on the concentration camps of the country. The new operation, codenamed Aktion 14f13, targeted concentration camp prisoners. Physicians selected prisoners because of their inability to work, not solely on their mental capacity. Brack ordered the doctors that were under his command to carry out the new selection process, but instead of forms being sent to them, they were instructed to visit the camps personally to make the selections. Because Brack made the doctors personally visit the camps, this is the point at which these men no longer could hide

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55 Friedlander, Origins, 111.
56 Bryant, Confronting the Good Death, 50.
57 Ibid, 55.
behind their desks as they made decisions about life and death. These killings did not take place in the concentration camps themselves, but were carried out in the previously used T4 facilities. Unlike before, where the patients were treated at least for a short while once arriving at the killing center, the new program did not allow this. In Aktion 14f13, the KdF administration called for immediate death by carbon monoxide upon arrival.

As the Nazi death machine was continuing to move east into occupied Poland, the KdF and the T4 administration were slowly disintegrating. The order was given that they were to move their personnel to the east under the direction of SS-Gruppenführer Odilo Globocnik, the man in charge of the Lublin district in occupied Poland. As the T4 personnel were moved east, Brack made it clear that he was willing to assist the next stages in any way possible. In a letter from Ernst Wetzel, dated October 25, 1941, to Heinrich Lohse, Wetzel stated that “Oberdienstleiter Brack of the Führer’s Chancellery has indicated his readiness to assist in producing the required accommodations as well as the gassing equipment.” This shows that Viktor Brack was ready to continue his murderous ways. The T4 operations in Germany had ceased on August 24, 1941, but the personnel involved would take their experience and knowledge to the east to assist in the genocide of the Jewish population carried out in Poland from 1942 until the end of the war. In contrast to Brack, Bouhler, Conti, and Brandt, who held higher positions in the Nazi hierarchy, remained in Germany.

The four men discussed in this essay were crucial for the effective and secret execution of the child and adult euthanasia programs between 1939 and 1941. Initially, the victims of their

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58 Bryant, Confronting the Good Death, 56.
59 Adolf Hitler issued a verbal order to end the program on this date, Michael S. Bryant, Confronting the “Good Death”: Nazi Euthanasia on Trial, 1945-1953 (Boulder: University of Colorado Press, 2005), 49.
murderous actions were Germans deemed “unworthy of life,” but later in 1941 the methods first developed to murder German euthanasia victims were applied in the genocidal actions against Jews in the Nazi concentration camps in occupied Poland.

Karl Brandt, Leonardo Conti, Philipp Bouhler, and Viktor Brack all held different positions in the organization, but all worked together and their powers stretched across the entire operation and their influence was felt in every decision from procurement of resources and personnel to medical decisions to keeping the operation running relatively smoothly day-to-day. These men showed time and time again that they were in control of the operations and would stop at nothing to continue their murder of thousands of Germans, not even when ordered by the Führer, Adolf Hitler. In the beginning of the program, the four men were motivated by their desire of “working towards the Führer” as Ian Kershaw postulates, but over time they used the euthanasia program to establish their own personal power within the Nazi hierarchy.
Bibliography


