“Testimony of Nurse Berta Netz.” Selection reprinted and translated in *The Nazi Germany Sourcebook: An Anthology of Texts*. Edited by Roderick Stackelberg and Sally A. Winkle. London: Routledge, 2002. Pp. 334-37.

*After the war, many doctors and nurses were brought to trial for their participation in the euthanasia program. The most well-known of the trials where euthanasia was part of the judicial process was the Doctors Trial from 1946-47.[[1]](#footnote-1)Karl Brandt was the lead defendant. However, there were other trials where the prosecution sought to hold defendants responsible for their participation in the euthanasia program, including a trial held in Munich in 1962. The testimony here is from Berta Netz, who served as a nurse as Meseritz-Obrawalde institution, which was located 60 miles outside of Posen (then in Germany, now Poznań, Poland).[[2]](#footnote-2)*

In our ward there were children of both sexes, from infants up to about 16 to 18 years of age. They were extremely deformed children, epileptics, and mentally-deficient children. They could only be kept busy with rudimentary games and by singing; the sick children could not be expected to do any real work. The adult patients also in our ward were women from the ages of 20 all the way to the elderly. The women were also mentally deficient, epileptic, etc., some of whom could be occupied with simple work such as darning socks or braiding rope.

I became aware for the first time around the Fall of 1942 that killings were being carried out on our station. The small room described earlier had been previously used as the so-called isolation room. For a very long time the room was occupied by a little girl who had diphtheria; she was long considered a carrier and was therefore isolated. After recovering from her illness this child was placed in foster case, and from this point on the isolation room was empty. I have to correct myself. For a shirt time a small boy was placed in this isolation room; he had been infected by the girl and later died. It was still in the fall of 1942 when a newly admitted patient came to our station. It was a mentally deficient girl, about 17 or 18 years old, and Frau Dr. Wernicke[[3]](#footnote-3) ordered her to be sent to the isolation room. Some time after the admittance Frau Dr. Wernicke ordered injections of 2 cc of Morphine-Scopolamin as the patient’s treatment. The girl was then given daily injections of 2 cc of Morphine-Scopolamin for about 14 days. I was not present when the head physician gave the order in question. Therefore I cannot say whether the 14-day treatment of 2 cc MS daily was decided by Dr. Wernicke at the outset or whether she gave a new order every day for the administration of this dosage. The treatment was carried out mainly by head nurse Ratajczak. On the orders of [*the head nurse*] Amanda Ratajczak I had to administer the aforementioned dosage of MS to one of the upper arms of the patient maybe two or three times during the time span mentioned above. I did not give any thought to this treatment at the time. But when the girl receiving this treatment died after 14 days, of course I came to the conclusion that her death had been caused solely by the injections given to her. Starting in the fall of 1942, adult patients and also children were often moved to the so-called isolation room. Of course in the meantime I realized the purpose of these transfers. But I could not bring myself to speak with anyone about it. On the one hand I was forbidden to do so by the pledge of secrecy, which was especially emphasized to me by the hospital doctor Grabowski[[4]](#footnote-4) and the head physician Dr. Wernicke. On the other hand as a nurse previously stationed in Stralsund, I had hardly any contact with the other nurses from Treptow and Obrawalde.[[5]](#footnote-5) Our living arrangements were also determined accordingly, so that only nurses who knew each other from before and had previously worked together in other institutions came into contact with each other. The selection of patients slated to be killed was made by head physician Dr. Wernicke. Usually before her rounds she obtained medical histories, which were kept in a cabinet in the doctors’ room. During her rounds Dr. Wernicke examined the patient once more and then made decisions accordingly. Therefore about once or twice a week adult patients or children were transferred to the isolation room on orders from Frau Dr. Wernicke. The patients transferred there were undressed, dressed in a nightgown, and put to bed. Frau Dr. Wernicke ordered transfers to the isolation room only on workdays, not including Saturdays. At the same time as the transfer order, Frau Dr. Wernicke determined the medication to be administered according to the patient’s age and constitution. So for example, usually five tablets of Veronal and 10 cc of morphine-scopolamin were ordered for adults. For children or weaker patients she ordered correspondingly smaller doses. In general, on the orders of Dr. Wernicke there was only one patient at a time sent to the isolation room. It was relatively rare that both beds were occupied in this room. Each time after the transferred patients had been put to bed, the five (or fewer) tablets of Veronal were mixed into a glass of sugar water. Either head nurse Ratajczak or I got the tablets from the medicine cabinet and administered them. Station nurse Jankow never prepared any medications herself. Generally, after some encouragement, the patients drank the dissolved tablets without further ado. After the patients had swallowed the Veronal preparation they were given a glass of clear water to wash it down.

I cannot for the life of me remember a time when the Veronal preparation was not effective. Always after about half-hour the patients were either asleep or in a semi-conscious state. In answer to further questions I declare that no other medication except Veronal in tablet form was administered. Also as far as I know, no one used stomach probes or enemas on our station. After the above-mentioned half-hour had elapsed, the adult patient or child who was in the isolation room at the time was injected with morphine-scopolamin. When I had to give these injections, I first made sure that the patient was really asleep. I tested this by speaking with the patient to find out whether or not she was responsive. It was never the case that a patient or child had not fallen asleep. Once I had clearly determined that the patient was asleep, I administered the Morphine-Scopolamin from a filled syringe into the upper left arm of the patient or the child. The injection in the upper left arm was ordered by the physician, Dr. Wernicke, presumably because this part of the body was closer to the heart and the medication would therefore act faster. The injections on our station were only carried out by head nurse Ratajczak and me. After the patients were in a sleep state, further assistance was not necessary.

The rounds were always made in the early morning hours. Right after the patient was transferred to the isolation room, Veronal was administered, and a half hour later the injection of Morphone-Scopolamin was given. About noon or sometimes in the afternoon head physician Dr. Wernicke would confirm the death of the patient who had been sent to the isolation room. About two hours later, that would be in the late afternoon, the bodies were taken from our station to the morgue by male patients. The men who took the corpses away were able-bodied patients who were housed in the worker’s quarters and probably belonged to the graveyard commando. A four-wheeled cart was used to transport the corpses. I myself never had anything to do with removing the corpses, nor did I ever entrust any of our nurses with that job. I also never went to the morgue. We wrapped the corpses in sheets and turned them over to the men from the graveyard commando. After cleaning, the sheets were returned to our station.

As a rule, Dr. Wernicke ordered the transfer of only one patient at a time to the isolation room. Now and then, however, two patients had to be transferred there.

When two patients were brought to the isolation room, they were usually put to bed at the same time. The tablets were also administered at almost the same time, that is, the drink was given first to one patient and then the other. I cannot recall any case in which one of the two patients ever struggled or resisted. Once they were encouraged, they always swallowed the medication diluted in sugar water. Afterwards they always fell asleep at the same time. Some time after the treatment of the 17 to 18 year old girl [*mentioned on page one*]…I was called to the office of administrative director Grabowski. I really can no longer specify the exact time when Grabowski sent for me. Nurse Wieczorek[[6]](#footnote-6) was also called with me to Grabowski’s office, that is, we met there. Without being able to repeat Grabowski’s exact words, I can still recall that he spoke to us about how it would be a relief for the patients of our institution if they were released from their terrible suffering. As the conversation continued, he admonished Fräulein Wieczorek and me to strictly follow all of Frau Dr. Wernicke’s orders. Grabowski did not specifically mention the killings of mentally ill patients nor the way they were to be carried out, but based on his remarks we had no doubt that he was speaking to us about the killing of mentally ill patients. On this occasion Grabowski explicitly pledged us to secrecy and told us we were obligated to refuse to give evidence about this to anyone. Soon after this discussion in Grabowski’s office, I was enjoined once again by Frau Dr. Wernicke in the doctors’ room of our station not to say anything to anybody about my knowledge of the killing operation. For this reason I did not dare speak with anyone at all about the incidents at Obrawalde. I was of course a member of the NSDAP and also a member of the National Socialist Women’s Organization, but I never went to a meeting.

I did not feel at all obligated because of my membership in the NSDAP to carry out all the orders given to me. As a nurse in mental institutions for many years I really did see it in some respects as relief that the most seriously ill patients were released from their suffering by inducing their deaths. I can also say with a clear conscience that only very seriously ill patients on our station were killed.

As I mentioned before, it was not my affiliation with the party, but my subordinate relationship as a nurse and especially as a civil servant that obligated and compelled me to follow all the orders that Frau Dr. Wernicke gave me.

To the question of whether a refusal was perhaps possible, I must say that I did not dare to refuse. I always believed that if I refused, I would have to count on being sent to a concentration camp or some similar place.[[7]](#footnote-7) In answer to a further question I declare that I am not actually aware of any concrete case in which a nurse who refused to cooperate with the killing action was in any way prosecuted afterwards. Without being able to offer proof, I do however vaguely remember that a Fräulein Seel, who was previously in Kückenmühle,[[8]](#footnote-8) was sent from Obrawalde to a concentration camp or someplace like that, because she resisted some kind of orders.

At that time in Obrawalde I was completely healthy physically and mentally. I had absolutely no personal motive or purpose in my involvement in the killings carried out in Obrawalde. As already mentioned, I acted only on the orders of the head physician Dr. Wernicke, and I was always under a certain obligation, which I really wanted to get out of, but was unable to. Of course I understood that what was happening in Obrawalde was wrong. But the assistance and the duties I had to perform there belonged to my profession, which I had pursed for many years, and which had become a part of me. I did not see any possibility of evading the orders of the head physician. As I performed each task, whether it was transferring patients or administering medication, I had certain inhibitions, and I really did not do anything willing or on my own. The obligation and the duty to carry out everything as ordered was always hanging over me. The environment in which we lived as nurses was the world of the mentally ill. We hardly ever left the institution; we had a great deal of work to do and hardly any contact with the outside world.

When I had free time I usually went to the woods to find peace and quiet. Due to the stress under which I suffered as a result of the incidents in the institution, I did not have the slightest interest in going to town on in meeting people in any other way.

I received a Christian upbringing as a child at home and also later. I could not at all reconcile the killing action in Obrawalde with my moral and Christian views. At that time I was very often alone, surrounded by my own thoughts; I stood face to face with myself as it were, and cried…

1. For a basic overview of this trial, see these articles from the United States Holocaust Memorial Museum (<http://www.ushmm.org/information/exhibitions/online-features/special-focus/doctors-trial> and <http://www.ushmm.org/wlc/en/article.php?ModuleId=10007035>) and the University of Missouri-Kansas City Law School (<http://law2.umkc.edu/faculty/projects/ftrials/nuremberg/NurembergDoctorTrial.html>). This trial led to the creation of the Nuremberg Code, which regulates experiments involving humans; for a copy of the code and a brief article on its history, see this article from the *New England Journal of Medicine*: <http://www.nejm.org/doi/full/10.1056/NEJM199711133372006>. [↑](#footnote-ref-1)
2. For an analysis of all of the nurses’ testimonies at this trial, see the article “Duty and Euthanasia,” which should be available for free from Research Gate: <http://www.researchgate.net/publication/5943952_Duty_and_'Euthanasia'_The_nurses_of_Meseritz-Obrawalde>. [↑](#footnote-ref-2)
3. Hilde Wernicke was the only physician placed on trial for her euthanasia work at Obrawalde, but it was not at this trial in 1962. Rather, she was arrested in August 1945, tried, found guilty, and executed in January 1947. For more information on her, see the article “Meseritz-Obrawalde: a ‘wild euthanasia hospital of Nazi Germany,” which should be available for free from Trinity College Dublin’s Research Archive: <http://www.tara.tcd.ie/bitstream/handle/2262/51641/PEER_stage2_10.1177%252F0957154X07082567.pdf?sequence=1&isAllowed=y> [↑](#footnote-ref-3)
4. Walter Grabowski; see the article referenced in footnote 3 for more information on him. [↑](#footnote-ref-4)
5. Stralsund is a coastal city in northern Germany; it is about 150 miles due north of Berlin. Treptow is a neighborhood in Berlin. Meseritz-Obrawalde is in Poland and is now called Międzyrzecz. [↑](#footnote-ref-5)
6. Helene Wieczorek. Her fate was the same as Hilde Wernicke; see the article referenced in footnote 3 for more information on her. [↑](#footnote-ref-6)
7. According to the London Agreement from August 1945, which established the International Military Tribunal, following a superior’s orders was not considered an acceptable defense; a copy of the charter is available from the Yale Avalon project: <http://avalon.law.yale.edu/imt/imtconst.asp>. At the Nuremberg Trial, following orders was rejected as a defense. It was then codified by the United Nations with the creation of the Nuremberg Principles; for background information on those principles, see the following article and documents from the UN: <http://legal.un.org/avl/ha/ga_95-I/ga_95-I.html>. Even with this precedence, defendants still continued to use the defense of “following orders,” and West German courts did accept following orders as a mitigating circumstance. [↑](#footnote-ref-7)
8. Kückenmühle was an institute for the feeble-minded near Stettin, a port city then in northeastern Germany, now Szczecin in northwestern Poland. [↑](#footnote-ref-8)