workers to myriad hazards, as Nazi leaders were well aware. Reich Health Office President Hans Reiter in a 1939 speech pointed out that increased rayon production had led to increasing exposures to hydrogen sulfide, and that aircraft production was giving rise to skin injuries from metal splinters and lung injuries from spray paints. Skin irritations were on the rise from the use of artificial resins, and lead poisoning was becoming common from the use of tetraethyl lead in gasoline. Benzene injuries were being observed from rubber solvents, as were poisonings from new phosphorous-based pesticides.[177] It is difficult to gauge the cancer consequences of these twelve frenetic years of Nazi rule, but extra cancers there must have been—despite all the steps taken in the direction of industrial hygiene.

The Nazi struggle against occupational carcinogens must be understood in this context. German workers were to be protected, but only if this did not interfere with production schedules. Public health was a genuine concern (for the racial elite), but the exigencies of the war put cancer and other chronic diseases on the back burners of medical interest. War was a time for quick solutions, not the painstaking engineering needed for genuine prevention. Nazi leaders eventually decided simply to kill the mentally ill and physically handicapped, along with many epileptics, sick foreign workers, maladjusted adolescents, POWs, and sufferers from shell shock.[178] Severely injured soldiers returning from the eastern front may have been subjected to "euthanasia"; we even have hints that Hitler pondered the postwar confinement and sterilization of people suffering from chronic lung and heart disease.[179]

The social policies ultimately favored by the government equated value of life with ability to work. When policy-makers finally decided to kill the mentally ill and physically handicapped in German hospitals (200,000 men, women, and children eventually perished in the "euthanasia" program),[180] many of those patients capable of productive work were spared. The same philosophies that guided the transport of German schizophrenics and manic-depressives to the gas chambers were also expressed in other life-and-death decisions: concentration camp prisoners who could not work, for example, were routinely put to death.[181] The goal of occupational medicine likewise became a worker who would remain productive until retirement and then pass away shortly thereafter. As Hermann Hebestreit of the German Labor Front put the matter, the aim was to reduce the difference between the age of retirement and the age of death—ideally to zero.[182] Werner Bockhacker, chief of the DAF's health office, put forward pretty much the same idea—as did Hellmut Haubold, who characterized the elderly as people "no longer useful to the community."[183] In the idealized Nazi scheme of things, workers would work long and hard and then die—saving for the *Volksgemeinschaft* the financial burdens of the elderly and "unproductive" infirm.