

Nazi labor leaders were often ambivalent about what should be done to stop occupational cancers. German fascists wanted healthy workers, but they also wanted a peaceful and productive atmosphere on the shop floor. Factory health precautions might require expensive equipment redesign or time-consuming changes in the production process. Labor officials were reluctant to point to life-threatening industrial hazards—especially during the war, when factories were geared up for weapons production. Occupational health authorities focused less and less on cancer as the war dragged on: the 1944 volume of the journal *Arbeitsmedizin*, for example, discussed at great length how, when, and what workers should eat, but made no mention of cancer. A 1940 article in *Ziel und Weg*, the official journal of the National Socialist Physicians' League, proclaimed that there had "not been a single case" of occupational bladder cancer in Germany in fifteen years—contradicting Staemmler's more honest paper of only two years previously. This rosy proclamation by I. G. Farben's chief industrial physician was later shown even by the company's own cancer registry to be false; *Ziel und Weg*'s collaboration in this duplicity suggests that there may have been pressures not to air such dirty linens in public.¹⁶⁹

When bladder cancer *was* discussed, it was often in the context of how to weed out workers judged particularly "vulnerable" to the disease. We have already seen how industrial hygienists such as Wilhelm Hergt prior even to 1933 seized on the idea that different racial or constitutional body types respond differently to carcinogenic exposures. In 1930 and 1932, the head physician of I. G. Farben's Institute for the Research and Treatment of Occupational Diseases argued that genealogical studies should be conducted to determine which among a pool of candidate workers were more likely to have "tumor predispositions." Identification of such persons would allow a "more appropriate selection" of workers for hazardous positions.¹⁷⁰ After 1933, with the new premium on genetic determinism, such proposals became more common. Ernst W. Baader, director of Berlin's Institute for Occupational Disease, in 1937 argued that bladder cancer developed only in workers "with a particular receptivity," though he was also well

aware that tumors of this sort had been found in people contaminated by the clothing brought home by their fathers, husbands, or brothers.¹⁷¹ Franz Koelsch, perhaps the most highly regarded occupational physician of the era, tried to identify certain "constitutional types" that would be more appropriate for work in the steel industry, others that would work well in the chemical industry, and so forth.¹⁷² A great deal of effort went into the search for ways to identify resistant workers; *Selektionsmedizin* was said to have a bright future in German industrial medicine.

The idea of barring "cancer-sensitive" workers from jobs involving exposure to chemical hazards was eventually sidelined by the more radical prospect of using "enemies of the German state" to do the onerous work in the Reich. German labor took on an entirely different cast during the war, when hundreds of thousands of slave and foreign workers were forced to toil in German factories. Such people were excluded from the normal protections of German occupational health and safety, and we may reasonably assume that the cancers they contracted never made it onto the registries kept by public health officials.¹⁷³ The number of people involved was substantial: at I. G. Farben in Ludwigshafen alone, for example, an estimated 63,000 foreign workers, 10,000 concentration camp prisoners, and 10,000 prisoners of war were forced onto factory floors—usually to do the dirtiest jobs.¹⁷⁴ Thousands of prisoners worked at other facilities—the secret underground bomb factory near Nordhausen, for example, where concentration camp prisoners fashioned radioactive nuclear waste into radiological weapons.¹⁷⁵ Many of these men and women must have developed cancers, but records have simply not been kept. Cancer may have been the least of their concerns, since many succumbed to the regime's policy of "destruction through work" (*Vernichtung durch Arbeit*).¹⁷⁶

Those who were not worked to death faced novel risks, both chronic and acute, owing to the extraordinary pace of German industrial production. The autarkic policy pushed by the government, compelling Germany to produce as many of its own raw materials as possible—synthetic rubber, liquefied coal, synthetic explosives, dyes, and drugs, and so forth—exposed countless