

Archiv für Gewerbepathologie und Gewerbehygiene published on carbon monoxide poisoning, while the *Zentralblatt für Gewerbehygiene und Unfallverhütung* published articles on dust control in the textile industry and radiation protection in the radium trades.¹¹ *Arbeitsphysiologie* published articles on work physiology, and the *Monatschrift für Unfallheilkunde* published on industrial accidents and other concerns of insurance medicine. Other journals dealt with more specialized aspects of labor health and safety. *Gesundheitsingenieur* (Health engineer) covered health and safety engineering in the workplace (e.g., how to keep factory air clean), while *Die Ärztliche Sachverständigen-Zeitung* (Medical expert review) examined problems faced by factory physicians.¹² *Arbeitsschutz* published on general matters of protection against workplace hazards, while *Die Gasmasken*, issued by the Auergesellschaft of Berlin, a uranium producer, published on dust-control technologies. There are many other journals and several book-series devoted to occupational health in this period¹³—more, in fact, than were produced by any other nation in the world.

Nazi officials also put an unprecedented number of physicians on factory floors—the goal being partly to supervise worker health and safety, but also to certify who was sick enough to stay at home (and, of course, to identify shirkers). The number of “factory physicians” (*Betriebsärzte*) grew from only 467 in 1939 to an astonishing 8,000 in 1944. Most of these physicians had multiple duties, including maintaining labor discipline and doing whatever else was necessary to ensure optimal employee performance.¹⁴

National socialist attitudes toward worker health and safety have to be understood in several different contexts. For one thing, we should recall that much, but not everything, changed when the new regime seized power. A great deal of Nazi-era literature on industrial health can be regarded as a continuation of pre-Nazi concerns—including many of the prevention-oriented policies advocated by socialist or communist health officials (disease registration and health-oriented workplace engineering, for instance). The fact that Germany enjoyed a state-supported social insurance system was also important: the “sickness funds” (*Krankenkassen*) established in 1883 gave the state a strong interest in reducing

medical costs, a key factor in the “euthanasia operation” (designed to reduce the financial burden imposed by “the unfit”) but also part of the logic behind many occupational health reforms. Germans were early to discover many occupational hazards, because the national health care system required that work-related accidents and illnesses be registered and compensated—which also gave the state a strong incentive to reduce workplace accidents and illnesses.

A second consideration is that Nazi officials wanted productive, high-performance workers, free of sickness and full of love for their work. Many of the innovations of the 1930s and 1940s must be seen as part of this effort to engineer a high-achieving worker. The ambitious health reorganization plan (*Gesundheitswerk*) of Robert Ley’s German Labor Front, for example, was supposed to make Germany “the healthiest high-performance people in the world.”¹⁵ “Performance medicine” (*Leistungsmedizin*) and “selection medicine” (*Selektionsmedizin*) were supposed to increase the labor pool’s performance by improving the working environment and weeding out inferior personnel.¹⁶ Much of this drive for performance was motivated by the war mobilization: the ambitious four-year plan announced in 1936 put all of German production on a military footing, increasing both the pace of work and the number of hours put in—including the hours spent on work performed at home.¹⁷

Nazi efforts in this area must also be understood in light of broader military and geopolitical events—especially the territorial aspirations of the regime and its massive and often murderous policy of using foreign and slave labor in German factories. Millions of foreigners were forced to toil in German industry and agriculture; tens of thousands perished in the process. Slave laborers from concentration camps were compelled to work in German factories, and prisoners of war were forced to serve as “subjects” in deadly concentration camp experiments—many of which can be viewed as efforts to enlarge the field of occupational health and safety. The freezing and low-pressure experiments conducted at Dachau, for example, were designed to advance the field of flight physiology (a branch of “military hygiene”), providing the