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BETWEEN THE PROJECTION OF DANGER, OBJECTIFICATION, AND EXPLOITATION MEDICAL EXAMINATION OF POLISH CIVILIAN FORCED LABORERS BEFORE THEIR DEPORTATION INTO THE GERMAN REICH

Abstract

Before crossing the German border, Polish civilian forced laborers who had been recruited for work in Nazi Germany had to undergo medical examination and delousing. The German authorities wanted to ensure that they deported only able-bodied persons to Germany who had been examined for being free from infectious diseases and vermin. In this paper, I explore to what extent the medical examinations may be regarded as strategies for the objectification and dehumanization of the forced laborers. Focus is put on the question of how the Nazi authorities defined “work ability” because the medical assessment was decisive for the choice and selection of foreign manpower. As it turns out, the definition of work ability was essentially determined by factors such as the need for manpower, force, and oppression. Thus, I put the medical assessment of the forced laborers’ work ability into the context of Nazi ideology and economic policy.

Keywords:

Nazi forced labor, medical examination, work ability, objectification

INTRODUCTION

In this paper, I address a partial aspect of my PH.D. thesis whose research object focuses on Nazi “border delousing camps.”¹ In these camps operated by the labor authorities, foreign civilian forced laborers from Eastern Europe were medically examined and deloused in order to ensure that only those persons were deported to Germany who were healthy, able-bodied, and free from

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infectious diseases and vermin. Only in this way would they not be considered a burden on the health insurance system or a health risk for the German population. Discussion in this paper is restricted to foreign civilian workers mobilized in occupied Poland and deployed to work in the German Reich. Following Ulrich Herbert, 6 categories of forced labor during the Nazi era may be distinguished: 1. foreign civilian workers; 2. foreign prisoners of war (POWs); 3. prisoners of concentration camps; 4. Jews; 5. forced laborers in the occupied countries; 6. forced laborers deported to occupied countries outside of Germany.²

As the manifold aspects of delousing procedures, humiliating for the affected forced laborers, have been discussed elsewhere³, this paper focuses on the issue of how the medical examinations turned the examined into “others” and contributed to the submission and exploitation of the Polish civilian laborers. To start with, it is essential to explore the guidelines that the examining doctors had to observe for their medical assessment of forced laborers. The documents issued by the Nazi labor authorities specify their concepts of “work ability” and “functional work ability” and illustrate that the medical examinations also reflect economic considerations by evaluating the forced laborers’ bodies in terms of human capital, goods, and resources. This perspective is highlighted by numerous complaints of the recruiting labor offices as well as of the receiving ones that criticized the forced laborers’ poor work ability on the one hand and the return of ill forced laborers on the other. These topics are elaborated in the last two chapters. They also add to the hypothesis that forced laborers were subjected to various forms of objectification in the course of the medical examinations, which considerably supported their submission and exploitation.

REPEATED MEDICAL EXAMINATIONS

From the very beginning, the deportation of Polish forced laborers to the German Reich was accompanied by medical examinations and delousing. Polish laborers were only allowed to cross the border into the German Reich if they had been certified to be healthy, fit for work and free from infections and vermin. These examinations conducted by doctors fell within the scope of the labor

² Ulrich Herbert, “Zwangsarbeit im 20. Jahrhundert. Begriff, Entwicklung, Definitionen” [Forced labor in the 20th century. Terminology, development, definitions], in *Zwangsarbeit in Hitlers Europa. Besatzung, Arbeit, Folgen*, ed. Dieter Pohl and Tanja Sebta (Berlin: Metropol, 2013), 31.

³ Eva Hallama, “‘Wir waren irgendwie zu Anderen geworden, als hätte man uns ausgetauscht’. Medizinische Musterungen, Scham und Verdinglichung im Kontext der NS-Zwangsarbeit” [‘Somehow, we were turned into somebody else, as if we had been replaced.’ Medical examinations, shame, and objectification in the context of Nazi forced labor], in *Strukturen und Netzwerke. Medizin und Wissenschaft in Wien 1848–1955*, ed. Daniela Angetter, Birgit Nemec, Herbert Posch, Christiane Druml, and Paul Weindling (Göttingen: V&R Unipress, 2018).

authorities who administered work deployment. Therefore, the medical assessments were incorporated into the recruiting processes right from the start.⁴ Even those Polish laborers recruited for deployment to the German Reich up to November 30, 1939 had been medically examined and deloused prior to their deportation. According to the Labor Department in the Office of the Governor General, this involved some 33,000 people.⁵ The examinations were organized by the labor offices that recruited the manpower for work deployment to the Reich, while the checks were conducted within the scope of the labor departments of the districts that were responsible for operating the central transit camps in Warsaw, Krakow, Radom, and Częstochowa.⁶ These places were also the starting points of transports to the German Reich.

Two circulars, issued by the Labor Department in the Office of the Governor General on June 19, 1940, were essential for the medical examination of Polish forced laborers.⁷ One of them regulated doctors' fees and stipulated that the Polish laborers had to be pre-examined by Polish and Ukrainian doctors, whereas follow-up examinations were to be conducted by German doctors ("Reichsdeutsche"). Only the latter, however, were authorized to decide on the

⁴ Substantial information about the Nazi policy of force regarding the recruitment of Polish labor force for the German Reich is provided by: Herbert, "Zwangsarbeit im 20. Jahrhundert"; Florian Dierl, Zoran Janjetović, and Karsten Linne, *Pflicht, Zwang und Gewalt. Arbeitsverwaltungen und Arbeitskräftepolitik im deutsch besetzten Polen und Serbien 1939–1944* [Duty, force, and oppression. Labor administration and manpower policy in German-occupied Poland and Serbia, 1939–1944], (Essen: Klartext, 2013), 47–316; Karsten Linne, "Struktur und Praxis der deutschen Arbeitsverwaltung im besetzten Polen und Serbien 1939–1944" [Structure and practice of the German labor administration in occupied Poland and Serbia, 1939–1944], in *Zwangsarbeit in Hitlers Europa. Besatzung, Arbeit, Folgen*, ed. Dieter Pohl and Tanja Sebt (Berlin: Metropol, 2013); Robert Seidel, "Arbeitskräfteerfassung, Ausbeutung und Zwangsarbeit im Distrikt Radom" [Manpower recruitment, exploitation, and forced labor in the Radom District], in *Arbeitskräfte als Kriegsbeute. Der Fall Ost- und Südosteuropa, 1939–1945*, ed. Karsten Linne and Florian Dierl (Berlin: Metropol, 2011). In spite of some similarities, my research subject needs to be distinguished from medical race biology examinations of Poles to be Germanized and from those of so-called "Volksdeutsche Umsiedler". Cf.: Dierl, Janjetović, and Linne, *Pflicht, Zwang und Gewalt*, 53f.; Isabel Heinemann, *Rasse, Siedlung, deutsches Blut. Das Rasse- & Siedlungshauptamt der SS und die rassenpolitische Neuordnung Europas* [Race, settlement, German blood. The SS "Race and Settlement Main Office" and National Socialist racial policy in occupied Europe, 1939–1945]. (Göttingen: Wallstein Verlag 2003), 398ff.

⁵ Abteilung Arbeit im Amt des Generalgouverneurs: Übersicht über die Lage des Arbeitseinsatzes und der Arbeitslosenhilfe nach dem Stande vom 30. November 1939, December 12, 1939, AAN (Archiwum Akt Nowych/Polish Central Archives of Modern Records) 111/650, 6–7.

⁶ Abteilung Arbeit im Amt des Generalgouverneurs an die Leiter der Abteilungen Arbeit bei den Chefs der Distrikte und die Leiter der Arbeitsämter im Bereich des Generalgouvernements, January 19, 1940, AAN 111/650, 14–16, 15.

⁷ Abteilung Arbeit im Amt des Generalgouverneurs an die Abteilungen Arbeit bei den Chefs der Distrikte und die Arbeitsämter im Bereich des Generalgouvernements, June 19, 1940a, AAN 111/1414–1, 94–95.

laborers' work ability and, thus, on their deportation to the German Reich. The second directive referred to the criteria on which the assessment of work ability was to rely. The specifications aimed to prevent attempts of the Polish forced laborers to avoid work recruitment and deportation to the German Reich by pretending diseases or physical disabilities. Therefore, the medical decision making should always be based on the consideration whether the examined were simulating, which would deprive the German Reich of their manpower, or whether their physical conditions might cause financial or health damage to the Reich. Yet, this should not prompt doctors to rather decide on "work disability" because this would be an obstacle to manpower recruitment. Hence, it was recommended to weigh the options between disease and need for manpower:

Es ist den Krankheitsklagen der Geworbenen auf den Grund zu gehen und ihnen kein allzu grosses Gewicht beizumessen. Auf der anderen Seite darf aber kein Geworbener nach dem Reich vermittelt werden, der nach den Richtlinien (ARG 138/40) für die ärztliche Untersuchung polnischer Arbeitskräfte von der Arbeitsvermittlung nach Deutschland ausgeschlossen werden muss.⁸

[It is necessary to get to the bottom of illness complaints of the recruited and not to take them too seriously. On the other hand, no recruited person may be deployed in the Reich who needs to be exempted according to the directives (ARG 138/40) for the medical examination of Polish workforce.]

Principles for the doctors' assessment included to the following points:

- 1.) Die zu verpflichtende Person muss für die vorgesehene Arbeit tauglich sein, d.h., sie muss entsprechend kräftig und frei von arbeitsbehindernden Krankheiten und Gebrechen sein. Sie darf nicht schwanger sein.
- 2.) Die zu verpflichtende Person muss insbesondere frei von nachstehenden Krankheiten und Gebrechen sein:
 - a) schwere organische Erkrankungen, insbesondere des Kreislaufs oder der Atmungsorgane.
 - b) Allgemeine Körperschwäche, Verlust oder Lähmung von Gliedmassen – Arme, Beine –, stark arbeitsbehindernde Krampfadern oder Krampfadergeschwüre.
 - c) Augenkrankheiten, insbesondere Trachom.
 - d) Ansteckende Hautkrankheiten, Krätze kranke sind bei der Ausreise krätzefrei zu machen.
 - e) Geschlechtskrankheiten (Syphilis, Tripper).
 - f) Sonstige übertragbare Krankheiten, insbesondere Typhus, Paratyphus, Ruhr, Fleckfieber, Lungentuberkulose.
- 3.) Von der Verpflichtung sind ferner auszuschliessen:
 - a) Personen, bei denen der Verdacht besteht, dass sie an einer der unter 2.) genannten Krankheiten leiden.
 - b) Personen, die als Dauerausscheider von Erregern übertragene Darmkrankheiten (Typhus, Paratyphus, Ruhr) bekannt sind.

⁸ Abteilung Arbeit im Amt des Generalgouverneurs an die Abteilungen Arbeit bei den Chefs der Distrikte und die Arbeitsämter im Bereich des Generalgouvernements, June 19, 1940b, AAN 111/1414-1, 96-99.

Auch mittlere und stärkere Grade von geistiger Schwäche sind als Arbeitskräfte für Deutschland nicht tauglich, wenn auch der körperliche Zustand sonst als ausreichend bezeichnet werden kann.⁹

[1.) The recruited person must be able-bodied for the work assigned, i.e., they must be suitably strong and free from disease and handicaps that may reduce work ability. She must not be pregnant.

2.) The recruited person must be free from the following diseases and impairment:

a) severe organic diseases, especially those related to the circulatory or the respiratory systems.

b) General physical weakness, loss, or paralysis of limbs – arms, legs –, varicose veins or varicose ulcer severely reducing work ability.

c) Eye diseases, especially trachoma.

d) Contagious skin diseases, persons suffering from scabies need to be freed of scabies upon departure.

e) Venereal diseases (syphilis, gonorrhea).

f) Other contagious diseases, especially typhoid fever, paratyphoid, dysentery, typhus, pulmonary tuberculosis.

3.) Furthermore, exempt from the conscription are:

a) persons who are suspected to suffer from the diseases listed under 2).

b) Persons who have been identified as chronic carriers of intestinal diseases transmitted by pathogens (typhoid fever, paratyphoid, dysentery).

Moreover, persons with medium and stronger degrees of imbecility are not fit for work in Germany even if their physical conditions may be considered sufficient.]

In the correspondence of the labor departments, addressed to the examining doctors and the labor offices, it is frequently emphasized to give particular attention to venereal diseases, trachoma, and pregnancies.¹⁰ As regards the rigorous delousing measures which had been administered to combat epidemic louse-borne typhus¹¹, it seems interesting to note that typhus is not ranked prominently in the comprehensive details listed in the circular and it is hardly ever mentioned in the internal directives. This corresponds to the fact that recruited forced laborers rarely caught typhus, but it does not correspond to the fact that delousing was conducted with utmost priority in parallel with the medical examinations.

⁹ Ibidem, 98.

¹⁰ Abteilung Arbeit im Amt des Generalgouverneurs an die beratenden Ärzte der Abteilungen Arbeit in Radom, Warschau und Lublin sowie an die Amtsärzte in Warschau, Tschenstochau und Lublin, July 25, 1940, APLU (Archiwum Państwowe w Lublinie/State Archive in Lublin) 498/332, 130.

¹¹ The English term “typhus” must not be mixed up with the German term “Typhus”, which is “typhoid” (typhoid fever) in English. The English term “typhus” (louse-borne typhus), which is transmitted by lice, is “Fleckfieber” in German.

FUNCTIONAL WORK ABILITY

A comprehensive definition of work ability was provided in a letter of July 25, 1940, sent by the senior doctor of the Labor Department in the Office of the Governor General, SA *Oberführer* Dr. Wilhelm Giller.¹² It was addressed to the consulting doctors of the labor authorities of the districts of Radom, Warsaw, and Lublin as well as to the doctors in charge of conducting the serial examinations in Warsaw, Krakow, Częstochowa, and Lublin. Giller outlined in detail the criteria essential for the medical assessment of work ability, which should depend on the economic situation:

Stehen mehr Arbeitskräfte zur Verfügung als nach dem Reich vermittelt werden können – liberalistisch gesprochen, übersteigt das Angebot die Nachfrage nach Arbeitskräften – so brauchen von den geworbenen Arbeitskräften nur die besten, d.h. die gesündesten und kräftigsten zur Vermittlung nach dem Reich gebracht werden. Dann kann jeder Mann mit dem kleinsten Fehler, mit einem fehlenden Glied am linken kleinen Finger, mit einer Hasenscharte, mit einer geringfügigen Rückgratverkrümmung, mit Kurzsichtigkeit oder mit Schwerhörigkeit zurückgestellt werden. Wenn aber die Werbung der Arbeitskräfte auf Schwierigkeiten stößt, wenn gegen die Werbung Sabotage getrieben wird und das notwendige Kontingent der zu Vermittelnden nicht erreicht wird, dann hat der Arzt bei der Entscheidung über Arbeitsfähigkeit darauf zu achten, daß keine Arbeitskraft, die für den Einsatz aus dem Generalgouvernement in Deutschland in Frage käme, zurückbleibt, weil vielleicht der Geworbene simuliert, oder weil der Arzt den Begriff der Arbeitsfähigkeit zu engherzig auslegt.¹³

[If more workforce is available than may be placed in the Reich – that is, liberally speaking, if the supply exceeds the demand –, only the best of the recruited laborers, meaning only the healthiest and the strongest, need to be deployed for assignment in the Reich. In that case, exemption may be granted to any man who shows the slightest impairment, be it a missing link on his left little finger, a cleft lip, a minor curvature of the spine, short sightedness, or deafness. If, however, workforce recruitment encounters difficulties, the doctor deciding on work ability needs to keep in mind that no laborer from the General Government who is qualified for deployment in Germany will stay behind perhaps because the recruited is simulating or because the doctor interprets the term of work ability too narrowly.]

¹² Walter Giller was employed at the Silesia Regional Labor Office, before starting work at the Labor Department in the Office of the Governor General on May 20, 1940. Cf. Abteilung Arbeit im Amt des Generalgouverneurs: Verzeichnis der bei der Abteilung Arbeit in der Regierung des Generalgouvernements beschäftigt gewesen und noch beschäftigten Beamten, Angestellten und Arbeiter, September 10, 1940, IPN (Instytut Pamięci Narodowej/Institute of National Remembrance) GK 94/IX/8, 44–50, 45.

¹³ Abteilung Arbeit im Amt des Generalgouverneurs an die beratenden Ärzte der Abteilungen Arbeit in Radom, Warschau und Lublin sowie an die Amtsärzte in Warschau, Tschenstochau und Lublin, July 25, 1940, APLU 498/332, 123–131, 126f.

This quote illustrates that forced laborers were regarded and addressed as human capital. The conditions of their bodies and limbs were treated just like those of material products and their flaws. At the same time, they were positioned in the logic of market supply and demand. This concept becomes obvious when – as Giller specified – the assessment of work ability should depend on whether workforce was “short of supply” or not. Hence, work ability was not a universal category but should be adapted to the needs of the market. In practical terms, this meant that the definition of work ability should match with the manpower supply contingents imposed on the General Government and its districts by the Reich Ministry of Labor.¹⁴ The amount of required manpower, however, was so high that it could not be met even by using rigorous coercive measures and oppression.¹⁵ As a result, information provided by the forced laborers about their diseases and work disability was always challenged and rated as simulation or an act of sabotage in order to avoid deportation to the German Reich. Therefore, medical certificates provided by the forced laborers themselves were never accepted. In fact, all doctors of the General Government were prohibited from issuing certificates for the labor offices relating to the assessment of work ability.¹⁶ This assessment of work ability was to remain centrally controlled and was reserved to doctors specifically chosen for this task. Last but not least, the information provided by the forced laborers about their physical conditions was supposed to be subjected to technical checks, preferably through the increased use of x-rays.

To assess work ability, Giller employed the term of “functional work ability,” which he defined as follows:

Ein Mann mit einer geringen, ihn nicht behindernden Rückgratverkrümmung, dessen Herz und Lungen gesund sind, der in der Vorgeschichte keine länger dauernden Krankheiten aufweist, dazu eine harte Arbeitshand hat, kann ohne Zweifel als allgemein arbeitsfähig angesehen werden, für alle Berufe, bei denen er sich nicht dauernd bücken muß. Er kann nicht für die Untertagearbeit eines Bergmannes in niedrigen Flözen vermittelt werden, aber als Landarbeiter, wenn er aus dem Landarbeiterberuf, als Hochofenarbeiter, wenn er aus einem Hüttenbetrieb kommt, als Erdarbeiter in leichteren Böden, wenn er ungelernter Arbeiter ist, kann er vermittelt werden. Unter denselben Gesichtspunkten sind

¹⁴ Regarding manpower supply contingents, cf. Linne, *Struktur und Praxis*, 52f.; Seidel, “Arbeitskräfteerfassung,” 148f.

¹⁵ Regarding the connection between the imposed contingents and the directive to exercise “ruthless force” on the recruitment, see, for example: Abteilung Arbeit im Distrikt Lublin: Eilbericht betreffend Landarbeiteraktion im Distrikt Lublin, March 1940, APLU 498/739, 5–8.

¹⁶ Abteilung Arbeit im Amt des Generalgouverneurs an die beratenden Ärzte der Abteilungen Arbeit in Radom, Warschau und Lublin sowie an die Amtsärzte in Warschau, Tschenstochau und Lublin, July 25, 1940, APLU 498/332, 123–131, 127. See also: Unterabteilung Gesundheitswesen und gesundheitliche Volkspflege der Abteilung Innere Verwaltung im Distrikt Lublin an die Abteilung Arbeit im Distrikt Lublin, March 15, APLU 498/795, n. p.

Leute mit kleinen bis apfelgroßen Leistenbrüchen, bei einem Fehlen eines Gliedes an der Hand, Verkürzung eines Gliedes durch Knochenbruch, mit Vergrößerung der Schilddrüse ohne Herzerscheinungen als arbeitsfähig anzusehen.¹⁷

[A man with a minor curvature of the spine that does not hamper him, whose heart and lungs are healthy, whose medical record does not show any longer disease durations, and who also has a tough working hand, may indeed be considered generally able-bodied for any job that does not require constant bending over. He cannot be employed as an underground miner in low seams, but as a farm worker if he has an agricultural background; as a furnace worker if he has worked in a steel mill; as a groundworker for light soils if he is an unskilled worker. The same considerations apply to people with small to apple-sized inguinal hernia, with a missing limb at the hand, with a shortened limb after a fracture, with an enlarged thyroid gland without heart symptoms: They all are to be regarded as able-bodied.]

In this example, Giller demonstrated the ways and arguments that could be used for persons who, according to the guidelines, should have been exempted from work deployment in the German Reich, but could nevertheless be recruited. He also focused on the creation of loopholes, which, admittedly, depended on the personal assessment of the doctors in charge. At the same time, he pointed out the main purpose of the examinations for work allocation; the goal was to deport as much manpower as possible to the German Reich. If people were among them who were unable to work, every option was to be checked that would still allow these persons' recruitment for work in the Reich. Relating to the above-mentioned circular of June 19, 1940, Giller, however, pointed out that laborers should not make use of their recruitment to have their diseases treated at the expense of the Reich health insurance system. If diseases required making future treatment, these laborers were not to be recruited for the Reich.¹⁸ In case of diseases and abnormalities already cured, it was to be kept in mind whether future medical treatment in the German Reich was anticipated.¹⁹ Whereas labor offices in the German Reich demanded more severe criteria for the selection of manpower, a regulation of February 1941 intended the opposite by limiting exemptions to allow for the deportation of even greater manpower. Only the following diseases were to be considered: "1. schwere akute Erkrankung, 2. schwere Lungentuberkulose, 3. schwere Körperbehinderung (Lähmung *ganzer* Glieder, Versteifung *großer* Gelenke, *starke* Rückgradverkrümmung [sic]), 4. Geschlechtskrankheiten, 5. schweres Trachom, 6. Geisteskrankheit, 7. Idiotie,

¹⁷ Abteilung Arbeit im Amt des Generalgouverneurs an die beratenden Ärzte der Abteilungen Arbeit in Radom, Warschau und Lublin sowie an die Amtsärzte in Warschau, Tschenstochau und Lublin, July 25, 1940, APLU 498/332, 123–131, 127f.

¹⁸ Ibidem, 128.

¹⁹ Ibidem, 129.

8. bei Frauen Schwangerschaft.”²⁰ [1. severe acute disease, 2. severe pulmonary tuberculosis, 3. severe physical disability (paralysis of *entire* limbs, *large* stiff joints, *strong* curvature of the spine [sic]), 4. venereal diseases, 5. severe trachoma, 6. mental illness, 7. imbecility, 8. relating to women: pregnancy.] As of that date, only cases of severe work disability were accepted – trachoma sufferers, for instance, were not generally exempted but only those exhibiting a severe course of the disease. The same applied to physical disabilities: Only severe degrees served as a reason for exemption, indicated by the emphasis: “paralysis of *entire* limbs,” “*large* stiff joints,” and “*strong* curvature of the spine.” The examples illustrate that it was inherent to the guidelines on decision making on the forced laborers’ work ability or disability that they could not be met. Moreover, it was impossible to fulfil all the requirements – set up by the German Reich – at the same time: either the labor offices supplied the imposed manpower contingents or they observed all the criteria of work ability, such as being healthy, free from infectious diseases, and able-bodied, so not to be a subsequent strain on the financial situation of the Reich. Observing both conditions was unfeasible. In the following considerations I focus on the strategies of the local authorities to cope with these guidelines and on the arising conflicts. To sum up, it may be pointed out that as regards the specifications of the medical examinations of Polish manpower, financial issues played a more important role than caring about the health of the German population. Ill forced laborers were supposed to be exempted due to the costs of treatment in the German Reich and not due to the risk of contraction and infection, and certainly not because of concerns about their health.

COMPLAINTS BY REICH AUTHORITIES

The medical examinations were divided into pre-recruitment medical examinations, conducted by authorized local doctors, and follow-up examinations. If assessed as able-bodied, the laborers were transferred by the labor offices in the General Government to the central district transit camps for follow-up examinations. Medically certified work disability cases were then returned to the labor offices that had to employ the rejected laborers within the General Government. Moreover, substitutes had to be recruited for the German Reich. Forced laborers were also deported from the German Reich back to the central transit camps because the *Landesarbeitsämter* (regional labor offices)

²⁰ Hauptabteilung Arbeit in der Regierung des Generalgouvernements an die Abteilungen Arbeit und die beratenden Ärzte bei den Chefs der Distrikte sowie an die Arbeitsämter und deren Ärzte im Bereich des Generalgouvernements, February 21, 1941, APLU 498/332, 253–254, [emphasis in the original].

also carried out medical examinations before final work placements.²¹ This procedure was the source of numerous complaints – by both the local labor offices to which the manpower already selected was returned, and the *Landesarbeitsämter* of the German Reich that complained about the insufficient work ability of the allocated manpower.

To illustrate this by an example: In April 1941, cases of reshipment of already deported manpower from the *Altreich* to the Litzmannstadt Labor Office were increasing. In consequence, the examining doctors were told to pay more attention to the medical histories of the Polish laborers. Moreover, they were threatened that the Reich Ministry of Labor would consider demanding repayment of deportation expenses when proven guilty of recruitment mistakes.²² Giller also appealed to the conscientiousness of the examining doctors when he forwarded various complaints by the President of the *Landesarbeitsamt Wien-Niederdonau* to the examining doctors of the General Government. The President had criticized the large number of people transported from Krakow who had not been fit for work. One time, for example, 29 people out of 82 had to be re-deported, in particular, 9 because of general physical weakness, 5 because of pulmonary tuberculosis, 1 because of curvature of the spine, 1 because of pregnancy, 1 because of mental illness.²³ In another instance, 19 people out of 39 had been disqualified for work, among them, 14 cases of extreme general physical weakness, 1 case of gonorrhea, 1 of cardiac defect, 1 of rectal prolapse and the like.²⁴ Although Giller had pointed out earlier that, against the backdrop of a labor shortage, it was not necessary to employ

²¹ Annette Schäfer, “Durchgangs- und Krankensammellager im Zweiten Weltkrieg. Schnittstellen zwischen ‘Arbeit’ und ‘Vernichtung’ beim Zwangsarbeitereinsatz,” [Transit and medical camps in the Second World War. Interfaces between “labor” and “extinction” during forced labor deployment] in *Medizin und Zwangsarbeit im Nationalsozialismus. Einsatz und Behandlung von “Ausländern” im Gesundheitswesen*, ed. Andreas Frewer and Günther Siedbürger, (Frankfurt am Main: Campus, 2004); Annette Schäfer, “Zur Funktion von Durchgangslagern und Krankensammellagern beim Zwangsarbeitereinsatz im Zweiten Weltkrieg. Am Beispiel Württemberg,” [On the function of transit and medical camps in the course of forced labor deployment During the Second World War. By example of Württemberg.] in *Medizin und Verbrechen. Festschrift zum 60. Geburtstag von Walter Wutke*, ed. Christoph Kopke, (Ulm: Klemm & Oelschläger, 2001); H. Kayser, “Ärztliche Erfahrungen bei der Planung von Durchgangslagern für ausländische Arbeitskräfte,” [Medical experience in the planning of transit camps for foreign manpower.] *Arbeitseinsatz und Arbeitslosenhilfe* 21/24 (1943).

²² Ärztlicher Dienst im Arbeitsamt Litzmannstadt an die Ärzte, die zu Reihenuntersuchungen des Arbeitsamtes herangezogen werden, April 19, 1941, APLO (Archivum Państwowe w Łodzi/State Archive in Lodz) 221/31871, 193.

²³ Hauptabteilung Arbeit in der Regierung des Generalgouvernements an die beratenden Ärzte der Abteilung Arbeit in Warschau und Radom, die Abteilungen Arbeit und Arbeitsämter im Generalgouvernement und die Gesundheitskammer in Krakau, May 10, 1941, APLU 498/332, 271–272, 271.

²⁴ Ibidem, 272.

high standards to the assessment of work ability, he stressed that the requirements of the regional labor offices in the Reich had to be considered in spite of “the difficulties involved in recruiting.”²⁵ Once again, it must be underscored that both requirements – deporting a large amount of manpower which, at the same time, had to be in a good physical and medical condition – were impossible to be met. This dilemma put pressure on the persons in charge and made them prone to solutions involving the use of oppression and violence. Furthermore, some other conclusions may be drawn from the complaints: As described above, most people whom the *Landesarbeitsamt Wien-Niederdonau* re-deported had suffered from a general or “high-degree” of physical weakness. It seems reasonable to assume that this had been caused by the conditions of transportation and during their time in the camps. The examples also illustrate that the production of slave workers excluded proper healthcare for the required manpower.

COMPLAINTS BY THE RECRUITING LABOR OFFICES REGARDING MEDICAL ASSESSMENTS

There were also complaints by those labor offices in the General Government that were responsible for recruiting manpower for the German Reich. In October 1941, for example, the Zamosc Labor Office sent a complaint to the Labor Department of the Lublin District, which read that the standards applied to the follow-up examinations of the manpower recruited for the Reich were too strict.²⁶ According to the Head of the Zamosc Labor Office, the non-German doctors had already conducted the preliminary medical examinations very carefully. The Head of the Zamosc Labor Office referred to the case of a 36-year-old worker [...], who, in Lublin, had been deemed unfit for work deployment in the Reich because of his “useless set of teeth.”²⁷

Der Arzt der Voruntersuchung hatte ihn für tauglich und gesund bezeichnet, der deutsche Arzt in Lublin aber verneint die Tauglichkeit unter Hinweis auf das unbrauchbare Gebiss. Ich gebe zu, daß ein unbrauchbares Gebiss die Ursache für Magenbeschwerden und Magenkrankheiten sein kann; aber ich bin gerade in diesem Falle überzeugt, daß [...] auch trotz unbrauchbaren Gebisses auf einige Wochen als Zuckerfabrikarbeiter durchaus arbeitseinsatzfähig gewesen wäre. Das eine bitte ich auch zu bedenken, daß die strenge auch das nicht erklärliche Zurückschicken der in schwerer Arbeit unten bei den Arbeitsämtern angeworbenen Kräfte bei den Anwerbekräften die Arbeitsfreudigkeit unter gar keinen Umständen fördert.²⁸

²⁵ Ibidem.

²⁶ Arbeitsamt Zamosc an Abteilung Arbeit im Distrikt Lublin, October 28, 1941, APLU 498/795, n.p.

²⁷ Ibidem.

²⁸ Ibidem.

[The doctor in charge of the preliminary medical examination has declared him fit for work and healthy, the German doctor in Lublin denied his work ability by referring to his useless set of teeth. I admit that a useless set of teeth may cause stomach trouble and gastrointestinal diseases; yet, in this case I am firmly convinced that he [...] would have been suitable to be deployed as a sugar mill worker for a few weeks, despite his useless set of teeth. Moreover, I ask you to consider that the strict assessment and the return of manpower are sometimes difficult to understand and, by no means, support the enthusiasm of the recruiters at the labor offices who have been recruiting manpower in hard work.]

Yet, considering the camp rations, a “usable set of teeth” was considered an essential criterion, indeed. The Head of the Sub-Department of Healthcare and Public Health in the Lublin District and Consultant to the Labor Department, Reichel, answered the complaint thus:

Der Maßstab, der an die Arbeiter, die nach dem Reich vermittelt werden, angelegt wird, ist uns von dem Reichsarbeitsministerium vorgeschrieben. Dass die Beurteilung keineswegs zu streng ist, können Sie daraus entnehmen, dass immer wieder Zurückschickungen aus dem Reich von von uns für tauglich erklärten Arbeitern erfolgen. Der angeführte Fall [...] entspricht absolut den Richtlinien, in denen vorgeschrieben ist, dass die vermittelten Leute ein brauchbares Gebiss haben müssen.²⁹

[The standards applied to the laborers recruited for the Reich has been regulated by the Reich Ministry of Labor. You may gather that the assessment is by no means too strict from the fact that, over and over again, laborers we had declared able-bodied are re-deported from the Reich. The case mentioned [...] absolutely conforms to the regulations stipulating that the recruited manpower needs to have usable sets of teeth.]

Reichel legitimized the decision made in Lublin with reference to the guidelines provided by higher authorities. The example demonstrates how a set of teeth turned into a matter of negotiation and was a reason for non-deportation to the German Reich.

At the beginning of July 1942, the Lukow Labor Office, too, complained about the return of laborers deemed unfit for work by the Lublin camp even though they had undergone positive preliminary examinations in Lukow. Hence, the Head of the Lukow Labor Office, Anding, sent several letters of protest to the labor department of the Lublin District,³⁰ in which he criticized the doctors' work, especially that of the Polish doctors at the so-called Lublin field workers' camp:

Heute erhalte ich wieder eine große Anzahl von Entlassungsscheinen des Feldarbeiterlagers. Ich muß nochmal gegen die Art der ärztlichen Untersuchungen entschieden Stellung nehmen. Wenn die den dort beschäftigten Ärzten

²⁹ Unterabteilung Gesundheitswesen und gesundheitliche Volkspflege der Abteilung Innere Verwaltung im Distrikt Lublin an die Abteilung Arbeit im Distrikt Lublin, November 10, 1941, APLU 498/795, n.p.

³⁰ Arbeitsamt Lukow an die Abteilung Arbeit im Distrikt Lublin, July 10, 1942, APLU 498/795, n.p.

zugeführten Arbeitskräfte schon entlassen werden bei Erkältungen (Angina), Herzfehler, Tripperverdacht, Zustand nach Fleckfieber, Tbc-Verdacht, [...], dann muß ich annehmen, daß die poln. Ärzte mit Absicht die klaren Anweisungen des Erlasses vom 21.2.1941 mißachten. Ich kann mich des Eindrucks nicht erwehren, daß die Grenze der Grobfahrlässigkeit bereits wesentlich überschritten und die Straffälligkeit erreicht sein dürfte. Durch ein solches Verhalten der poln. Ärzte wird die Werbung in den Arbeitsämtern mit der Zeit unmöglich und die Belange der deutschen Landwirtschaft auf das schwerste geschädigt.³¹

[Today I have received once again a large number of discharge certificates issued by the field workers' camp. I must strongly object to the way in which medical examinations have been conducted there. If the laborers brought to the doctors in charge there are discharged just because of colds (tonsillitis), cardiac defect, *suspected* gonorrhea, conditions after typhus, suspected tuberculosis, [...], I must assume that the Polish doctors deliberately disregard the explicit directions of the directive of 2-21-1941. I cannot avoid the impression that the line of gross negligence has already been considerably crossed and delinquency status has been reached. Such a behavior of the Polish doctors will make recruitment through the labor offices impossible and will damage the interests of German agriculture most seriously.]

The bargaining about the assessment of the Polish forced laborers' physical conditions illustrates the inhuman attitude that turned the assessed into objects. Moreover, this example reveals the function of the medical assessment as a tool of objection that might put those into trouble who had to supply "proper goods." By referring to the criminal liability of inadequately justified medical certificates, Anding also put the labor department of the Lublin District under pressure, and he reserved the right to transfer the returned persons after medical observation back to the Lublin camp.³² Finally, I would like to point out another aspect which has already been indicated in the complaint of the Zamosc Labour Office and Giller's directives. In several letters, Anding argued that recruiting efforts of the labor offices would be enormously hampered through discharges on the grounds of work disability.³³

Die Werber müssen in die durch die Partisanen bedrohten Dörfer gehen, um die Kräfte zu erhalten und sind oft Belästigungen ausgesetzt. Die terrorisierte Landbevölkerung ist durch die Banditen bereits dermaßen eingeschüchtert, daß die Werber in unendlicher Kleinarbeit sich dieser landwirtschaftlichen Kräfte versichern müssen. Zu einem erheblichen Teil können diese Kräfte nur durch Zwangsmaßnahmen (Beordnungen, Dienstverpflichtungen) geworben werden. Die ganze Arbeit wird aber dadurch illusorisch und erschwert, wenn die dem Feldarbeiterlager Vorgeführten dort wieder entlassen werden ohne Angabe

³¹ Arbeitsamt Lukow an die Abteilung Arbeit im Distrikt Lublin, July 10, 1942, APLU 498/784, n.p., [emphasis in the original].

³² Ibidem.

³³ Ibidem.

von Gründen auf den Entlassungsscheinen. Jede heute dem Landarbeiterlager zugeführte Arbeitskraft verursacht bei der Anwerbung, Dienstverpflichtung, der Vorführung usw. soviel Mühe und Verwaltungsarbeit, daß die Leitung des Feldarbeiterlagers alles daran setzen müsste, um diese Kräfte dem nächsten Heimattransport anzuschliessen und Freilassungen nur dann vorzunehmen, wenn die wenigen Ausschliessungsgründe des Erlasses vom 21.02.1941 vorliegen.

[The recruiters need to go to the villages threatened by partisans to allocate the required manpower and are often harassed. The terrorized rural population has already been so intimidated by the bandits that it takes the recruiters painstaking efforts to mobilize this agricultural manpower. Often, this manpower can only be recruited by resorting to coercive measures (orders, service obligations). All the efforts, however, are in vain and are hampered if the people sent to the field workers' camp are released from there without stating any reason on their any discharge certificates. Each laborer sent to the field workers' camp today has caused such a lot of effort and paperwork relating to recruiting, contraction, assessment etc. that the camp management should spare no effort to arrange for the deployment of this manpower with the next transport home [i.e., to the Reich] and grant discharge only if the few exemptions according to the Directive of 02-12-1941 apply.]

Anding's comments plainly reveal how the assessment of work ability was linked to the relentless recruiting strategies of manpower; he related the brutality of recruiting to the options given to the examining doctors of the transit camps. As the recruitment had been carried out under force, the doctors were given less leeway for the assessment of work ability. The efforts associated with the recruitment of involuntary manpower were directly connected with the positive or negative assessment of an individual's work ability; the greater the effort for recruitment or the more force used, the fitter for work the laborer should be.

CONCLUSION

The provided documents demonstrate that the medical examinations of the Polish forced laborers were used as an instrument of market economy, and the medical assessments served as quality controls of the manpower "material". Criticism of this "material" would rebound on those who had been responsible for the initial selection and deployment of the "goods". The examples provided demonstrate how the bodies and body parts of the Polish forced laborers became matters of negotiation, thus encouraging dehumanization. As reflected on the conceptual level, the transformation of the human being into an object or a good was a prerequisite for the submission and exploitation of the Polish forced laborers. The numerous complaints about the medical examinations, however, show that the logic of submission gave way to discrepancies when people were captured like slaves but were discharged like human beings in case of diseases.

The releases lessened the impact of the oppressive methods which had been established with great effort by the labor offices. As the labor offices also relied on the support of other organizations like the SS and the police, this backing made it possible to constitute the use of coercion as a criterion for the definition of work ability. Those who had been captured by oppression for their work deployment in the German Reich were supposed to be deported regardless of their disabilities or physical integrity. Yet, the examples described above reveal that the disability to work provided some leeway for the examining doctors' assessments. On the other hand, it gave the assessed workers the opportunity to escape from forced labor deployment through medical checks.

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**ZWISCHEN GEFAHRENPROJEKTION, VERDINGLICHUNG UND AUSBEUTUNG
MEDIZINISCHE SELEKTIONEN POLNISCHER ZIVILER
ZWANGSARBEITER*INNEN VOR IHRER DEPORTATION INS DEUTSCHE REICH**

Polnische zivile Zwangsarbeiter(-innen), die für den Arbeitseinsatz im nationalsozialistischen Deutschen Reich vorgesehen waren, mussten – bevor sie die deutsche Grenze passierten – medizinisch untersucht und entlaust werden. Damit wollten die deutschen Arbeitsbehörden sicherstellen, dass nur arbeitsfähige Personen, die frei von Infektionskrankheiten und Ungeziefer waren, nach Deutschland deportiert wurden. Im Beitrag diskutiere ich, inwiefern die medizinischen Untersuchungen als Techniken der Verdinglichung und Entmenschlichung der Zwangsarbeitenden betrachtet werden können. Dabei steht die Frage im Vordergrund, wie die NS-Behörden „Arbeitsfähigkeit“ definierten, denn das medizinische Urteil über die Arbeitsfähigkeit war entscheidend bei der Auswahl der ausländischen Arbeitskräfte. Ich zeige, dass Faktoren wie Arbeitskräftebedarf, Zwang und Gewalt die Definition von Arbeitsfähigkeit maßgeblich beeinflussten, und stelle damit das Urteil über die Arbeitsfähigkeit der Zwangsarbeitenden in den Kontext der ideologischen und ökonomischen Prämissen des NS-Systems.

Schlüsselwörter:

NS-Zwangsarbeit, medizinische Untersuchung, Arbeitsfähigkeit, Objektivierung