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PREVENTIVE NUTRITION IN NAZI GERMANY: A PUBLIC HEALTH COMMENTARY

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Abstract

Nazi medicine invokes images of horrific experiments carried out by *SS* (Schutzstaffel) doctors like Josef Mengele in the concentration camps. Against this background of atrocity visited on some populations, the contributions made by Nazi public health activists and food philosophers were considered one of the most aggressive public health movements in the world. Nazi public health promotion and education were involved in activities that we might today view as socially responsible within the fields of preventive medicine. The dietetic sciences may be regarded as one of the least examined aspects of public health during the period of the Third Reich. This brief commentary explores the forgotten aspects of preventive nutrition under Nazi Germany and its implications within the current public health framework and dietetic practice.

Keywords: Nazi, Nutrition, Cancer, Public Health, Ethics

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Introduction

The Nazi ideology's image of a master race free of hereditary diseases and 'racial impurities' was the impetus behind state sanctioned brutality that flourished through state-sponsored eugenics programs, anti-miscegenation legislation, sterilization, and the 'T4' euthanasia program. Scenes of inhuman brutality and unethical medical practices that targeted imprisoned human subjects, all of which was condoned by the leadership of the Third Reich, characterizes the modern view of Nazi medicine. Stories of prisoners subjected to atrocious experiments echoed in the halls of Nazi medical research. The enormity of the Nazi physicians' ethical misbehavior gained world attention during the 1946-47 Nuremberg Trials where the doctors were given sentences of varying severity (Biddiss, 1997). The Nazi State strived for a healthy and vigorous German public through systematic eugenics, the expansion of public health programs, anti-smoking campaigns and legislation, and occupational medicine (Proctor, 1999a). To date, little attention has been given to the field of dietetics under the Nazi regime and public health efforts to advance healthy eating.

Commentary

Since Nazi Germany encouraged its racially chosen citizens to live a healthy life, the State sought to build upon an evidence-based correlation between food and healthy living. The focus was the pursuit of a lifestyle to be considered worthy of a 'master race.' According to Robert Proctor, science historian and author of *The Nazi war on Cancer*, the Nazis launched one of the world's most aggressive public health campaigns and cancer prevention programs that involved bans on carcinogens found in water, food, anti-tobacco advertisements, bans on smoking, restrictions on asbestos use, occupational health regulations, restriction on carcinogenic

food dyes, and novel dietary therapeutics. Nazi policies favored healthful food and opposed fat, sugar, alcohol, and sedentary lifestyles (Proctor, 1999b; Lemieux, 1999).

Nazi medical research, though shrouded by its notorious narratives of racial hygiene and horrific experiments in the concentration camps during the infamous 'Final Solution,' brought an emphasis on proper nutrition and a healthy diet (Proctor, 1999b). The Nazi regime believed that eating more healthily would promote superior health and increase physical performance. Otto Flossner, a nutritional physiologist at the Reich Health Office, believed that a purposeful approach to a whole food diet only complemented racial hygiene (Proctor, 1999b). Nazi leaders embraced this approach believing that a healthy lifestyle led to a healthier and fitter nation ready to fight and win the coming war. In the last days of the Weimar Republic, diet became a growing popular theme among political reformers and made inroads into the scientific and medical community. Nazi nutrition advocates urged Germans to reduce meat consumption and increase consumption of plant-based foods. A publication by German physician Erwin Liek linked poor dietary habits to cancer risk. A 1933 article published in *Odal*, the monthly periodical of the German Ministry of Agriculture and Nutrition, blamed unhealthy dietary habits such as consuming too much meat, alcohol, white bread, foods saturated with preservatives, and not enough fruits and vegetables on rising rates of cancer, tooth decay, kidney stones, and rheumatism (Proctor, 1999b; Treitel, 2009).

Adolf Bickel, a physiologist at the University of Berlin, suggested evidence that Olympic competitors who consumed a diet rich in variety and nutritional adequacy performed optimally at the 1936 Berlin Olympic Games (Proctor, 1999b). In 1939, the Ministry of Agriculture and Nutrition, under Dr. Richard Walther Darré, issued dietary recommendations with a focus on fresh vegetables, fish, skim milk, cheeses, rye bread, grains, peas, lentils, and cocoa. The

recommendations also suggested a reduction in the consumption of alcohol, coffee, tobacco, and animal fats especially from butter and pork. Foods should be high in fiber, with fresh foods chosen over canned (Proctor, 1999b). Bakeries in Germany were required to produce whole-grain bread that met the approval of the Office of Public Health (Proctor, 1999b). Dr. Franz Wirz, a dermatologist and member of the Nazi Party's Committee on Public Health noted that the German diet had taken a dramatic turn. Germans in the early 19th century consumed 31 lbs. of meat and 550 lbs. of whole grain per year. However, by the mid-1930s, Germans were consuming 123 lbs. of meat and only 190 lbs. of whole grain per year with an accompanying increase in the consumption of fats and sugars (Proctor, 1999b). Reich Minister of Food and Agriculture, Richard Walther Darré, made the official statement that, "plant food must once again as in olden times form the main food...flour and bread must be whole grain...meat consumption should be sharply reduced, eggs used only sparingly. Alcoholic drinks should be replaced by alcohol-free fruit juices (Treitel, 2009, p.143)."

During the war, the German Government continued to promote a diet high in fruits and vegetables, while encouraging a reduction in fatty foods such as meat, whipped cream, and butter (Davey Smith, 2004; Proctor, 1997a). A mid-1930s manual published through the Hitler Youth titled *Health through Proper Eating* discussed the dangers of 'empty calories' and championed legumes such as soybeans as a healthier alternative to meat. Both Hitler and SS *Reichsführer* Heinrich Himmler were often intrigued by the dietary potential of consuming uncooked vegetables, fruits, and whole grains. Having given up meat in 1931, Hitler doubted that meat and meat-derived fats could ever be as healthy as plant-based foods and olive oil (Proctor, 1999b).

The Nazis also advocated a reduction in alcohol consumption with intense campaigns against alcohol and alcoholism, and considering that Hitler was a rabid anti-smoking and tee

totaling vegetarian, it is interesting to note that this did not necessarily apply to the German soldiers who were handed alcohol and cigarettes in the field as morale boosters (Lewy, 2006; Proctor, 1997b). Not only were the Nazis opposed to alcohol, but German physicians also expressed their disapproval for the drink. Articles published in *Deutsches Aerzteblatt*, the gazette of the physicians' professional union and chamber, compared the dangers of alcohol with that of other addictive drugs such as Nicotine. With regards to tobacco use, Reich Minister of Propaganda, Joseph Goebbels, positively portrayed Hitler's abstinence along with Fascist leaders' Mussolini and Franco as anti-Allied propaganda against Churchill, Roosevelt, and Stalin, who were avid smokers (Proctor, 1997b; Doyle, 2005).

Conclusion

The Nazis translated German medicine into a state-sanctioned program for the purposes of 'racial purification' and 'moral improvement' of the German nation. These programs resulted in forced sterilization, murder of the physically and mentally disabled, and the expulsion and extermination of what the Nazi state termed as *Untermenschen* (subhumans) i.e. Gypsies, Jews, and Slavic peoples. Robert Proctor's book, *The Nazi War on Cancer*, demonstrated that between 1933 and 1939, some areas of public health and education fared quite well under Nazi Germany i.e. cancer care, campaigns against alcohol and tobacco use, occupational medicine, and dietetics (Biddiss, 1997). The history of preventative health under the Third Reich is a history of contradiction; of forced sterilization and genocidal 'selection' with bans on public smoking and evidence-based healthful dietary interventions. The discipline of dietetic intervention under the Nazi regime indicates how the practice of science can so readily coexist with the practice of medical cruelty (Proctor, 1999c; Moore, 2002).

Dietary education under the Nazis involved the encouragement of the consumption of fruit and vegetables, the use of wholegrain bread and the avoidance of meat-derived fat. Dietetic sciences under the Third Reich remain perhaps one of the least examined aspects of public health historiography. Some of these areas of public health and health education appeared very promising such as cancer care, X-ray screening for tuberculosis, and statewide advocacy against tobacco use. Research and regulation were at the forefront in the fields of occupational safety, environmental health, and lifestyle-linked diseases. Cancer was declared an ‘enemy of the state (Proctor, 1999b).’ Nazi principles favored healthier food choices that included whole grains, fruits, and vegetables; and opposed fat, sugar, and alcohol consumption. Nazi researchers suggested that an increased risk of cancer was brought on by improper dietary habits and this was one of the reasons why Nazi nutritionists and food philosophers emphasized a healthy diet. Nazi public health educators were focused towards a pursuit of a healthy lifestyle marked by intensive labor productivity and military vigor. As was the case in Fascist Italy, with Mussolini encouraging the consumption of an austere diet based on bread, polenta, pasta, fruits, vegetables, and wine (Helstosky, 2004).

Books on Nazi medicine are usually designed to shock or disturb. Participations by doctors in Nazi racial crimes were no doubt disturbing, however what is equally disturbing is that some Nazi doctors and public health activists were involved in work that we, today, might regard as progressive or even socially responsible. Nazi food philosophers and nutritionists like SS Dr. Ernst-Günther Schenck stressed the virtues of whole-grain bread, vegetables, fruits, and nutrient-dense foods. What are we to make of Nazi anti-tobacco campaigns or their dietetic initiatives? Did the Nazis do some good work in the fields of preventive medicine? Was some of that good work motivated by Nazi principles? It is no doubt difficult to write on such a topic without

invoking some level of moral contemplation. Perhaps the question is not whether can good come from evil, but rather what was it about Nazi Germany that encouraged the progress of (certain kinds of) science and why was it lost in historical memory? Should we look at history differently when we learn that Nazi leaders opposed tobacco and encouraged fruits, vegetables, and whole grain? It is possible that perhaps the Nazification of German medicine was more complex than previously imagined. A close evaluation into these public health complexities may broaden our perspectives to new ways of thinking that binds the past to the present.

References

- Biddiss, M. (1997). Disease and dictatorship: The case of Hitler's Reich. *Journal of the Royal Institute of Medicine*, 90, 342-346.
- Davey Smith, G. (2004). Lifestyle, health, and health promotion in Nazi Germany. *British Medical Journal*, 329, 1424-1425. doi: 10.1136/bmj.329.7480.1424.
- Doyle, D. (2005). Adolf Hitler's medical care. *The Journal of the Royal College of Physicians of Edinburgh*, 35, 75-82.
- Helstosky, C. (2004). Fascist food politics: Mussolini's policy of alimentary sovereignty. *Journal of Modern Italian Studies*, 9, 1-26.
- Lemieux, P. (1999). Heil health. *The Independent Review*, 4, 303-306.
- Lewy, J. (2006). A Sober Reich? Alcohol and tobacco use in Nazi Germany. *Substance Use & Misuse*, 41, 1179-1195. doi: 10.1080/10826080500514479.
- Moore, R. (2002). Can 'good science' come from unethical research? *Journal of Biological Education*, 36, 170-175. doi: 10.1080/00219266.2002.9655828.
- Proctor, R.N. (1997). Cigarette smoking and health promotion in Nazi Germany. *Journal of Epidemiology and Community Health*, 51, 208-214. doi: 10.1136/jech.51.2.208.
- Proctor, R.N. (1997). The Nazi war on tobacco: Ideology, evidence, and possible cancer consequences. *Bulletin of History and Medicine*, 71, 435-488. doi: 10.1353/bhm.1997.0139.
- Proctor, R.N. (1999). Why did the Nazis have the world's most aggressive anti-cancer campaign? *Endeavor*, 23, 76-79. doi: 10.1016/S0160-9327(99)01209-0.
- Proctor, R.N. (1999). *The Nazi war on cancer*. Princeton, NJ: Princeton University Press.
- Proctor, R.N. (1999). Bitter pill. *Sciences (New York)*, 39, 14-19.
- Treitel, C. (2009). Nature and the Nazi diet. *Food and Foodways*, 17, 139-158. doi: 10.1080/07409710903149744.