

125 Years of Company
Medical Services

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125 Years of Company Medical Services at Siemens

A History

MedHistory Milestones

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Foreword

It was 125 years ago that Werner von Siemens laid the foundations of what was to become today's "Company Medical Services". The continued development of these services – already wide-ranging from the outset – underscores the importance of this far-sighted decision by the company's founder.

Over the course of the decades, many pioneering measures relating to the promotion of health and occupational safety were introduced which proved to be positively visionary in their day: already 75 years ago the focus of occupational health was on prevention. Ergonomic workplace design already fell within the remit of company doctors in 1950, and it remains a key element of their work to this day.

The spectrum of medical services provided has seen continual expansion over the years. Nowadays "Health Management @ Siemens" stands for a holistic system of health management encompassing all areas of modern preventive healthcare: a healthy working environment, mental health, the promotion of exercise and healthy eating, as well as medical care itself.

What has not changed over the intervening years is that the success of the company is inextricably linked with the motivation and performance of its employees, and consequently with the health and well-being of each and every one of them. Siemens Medical Services is committed to using its skills to continue to master these challenges in the future – for the benefit of all Siemens' employees worldwide.

Brigitte Ederer

Head of Corporate Human Resources and Labor Director
Siemens AG

Introduction

A medical emergency in 1888 prompts Werner von Siemens to engage his longstanding family physician Dr. Friedrich Körte as a works doctor for the company. Von Siemens is also motivated to take this step because he believes that general practitioners are unable to devote enough time and attention to their individual patients. The works doctor should prescribe medical treatment independently, and above all should be able to provide assistance in an emergency.¹

At the end of the 19th century and in the first half of the 20th century, occupational healthcare focuses on accidents in the workplace and infectious diseases, as well as typical occupational illnesses such as poisoning or lung disease. In the years following the First and Second World Wars, deficiency diseases resulting from infections and malnutrition require extensive remedial measures.

Lung diseases, especially pulmonary tuberculosis (TB), feature largely. Already in 1918 a lung care center is established to catch employees infected with tubercu-

losis as early as possible in order to effectively combat TB in the company and prevent the spread of infection.² As can clearly be seen from Medical Services' reports – which continue to be published bi-annually up until 1958 – lung care remains one of the main medical focal points in subsequent years also. An extensive X-ray examination program seeks to ensure the early detection of tuberculosis infections.³ As late as 1972, several cases of tuberculosis are reported in the Erlangen plant, prompting a mass screening campaign.⁴

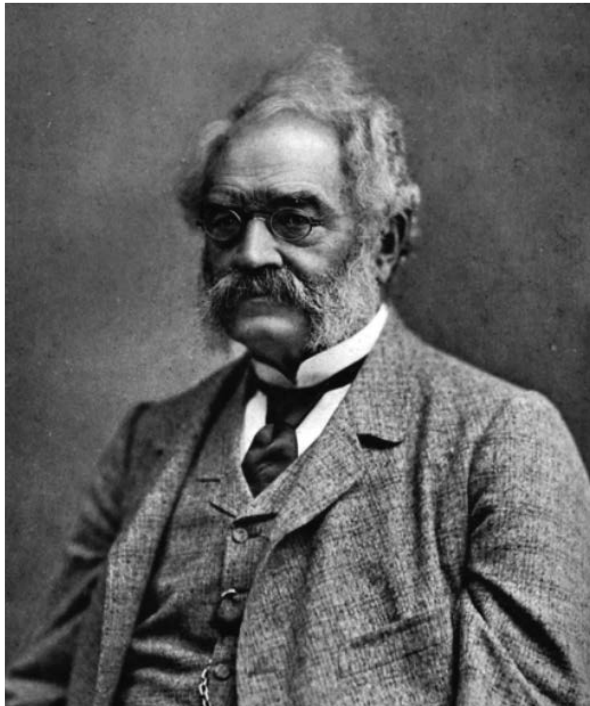
Analysis of blood samples regularly collected for employee protection purposes also enables important data about other occupational illnesses, such as poisoning by hazardous substances like mercury and benzene, to be obtained.⁵

As a result of our greater knowledge of hazardous substances, typical occupational illnesses such as silicosis (pneumoconiosis), asbestosis, lead and mercury poisoning for example, are becoming more and more a thing of the past in Germany. The number

of accidents in the workplace has also fallen significantly over the years in line with the growing awareness of occupational safety issues. Nevertheless, as well as all the above, first aid in an emergency still remains one of the most important tasks of the occupational health professional.

Besides general medical issues, psychiatric and psychosomatic illnesses also fall within the remit of occupational medicine practitioners. Symptoms such as depression, burn-out syndrome or chronic fatigue have rapidly increased in recent years, requiring occupational health professionals to also have a knowledge of psychology and psychiatry. Demographic change and the associated issue of how older employees can be kept healthy at the workplace create challenges not only for occupational healthcare. Added to these challenges are aspects of modern careers, new media, increasingly specialized employees, the handling of hazardous substances and materials, along with the globalization of the world of work.

Werner von Siemens



Dr. Friedrich Körte



Between humanity and economic efficiency (1888–1918)

Werner von Siemens and medical officer Dr. Friedrich Körte

Over 30 years before Otto von Bismarck introduced statutory health insurance, Siemens creates the foundations for a company social and health policy: already very soon after founding the company, Werner von Siemens takes the protection and care of his employees in the event of illness or accidents very seriously. As early as 1849, employees of Siemens & Halske are required to be insured in the Kranken- und Sterbekasse für Maschinenbauarbeiter (sickness and death benefit fund for engineering workers) set up jointly with other Berlin firms.⁶

Werner von Siemens is not, however, simply concerned with providing assistance when illness strikes, but also in offering swift, professional medical care at the workplace. Production operations demand a high degree of physical exertion from workers. Moreover, in the period from the middle to the end of the 19th century, accidents and emergencies at work are still a frequent occurrence. Working days lost to illness are not only difficult for the employee concerned, they also impact on the company's performance as a whole.

In the summer of 1888 therefore, Werner von Siemens decides to appoint a doctor as a permanent medical officer for his company. In a letter to Privy Councilor Dr. Friedrich Körte, who has been the Siemens family doctor for many years and has been acting as "medical consultant" to the Siemens Pension Fund since 1897, he sets out what he has in mind:

*"[...] experience has shown that ordinary general practitioners are not able to give much time and attention to their individual patients, so my company would like to enter into a permanent relationship with a trusted doctor which would allow us in such cases to request him to examine an employee as the company's doctor and take charge of his treatment where necessary."*⁷

This letter, which can be considered the founding document of the company's medical services, was prompted by the dramatic illness of a senior foreman by the name of Weiss. Werner von Siemens wishes Dr. Körte to take on the treatment of his employee. This is not the first time that Werner von Siemens personally gets involved in the medical treatment of

an employee. He had already, for instance, consulted Dr. Körte in 1874 about treating a bone inflammation (periostitis) suffered by a valued employee.⁸ The medical consultant takes on the case. More than ten years later, Dr. Körte likewise treats the patient Weiss and also agrees to enter into a permanent working arrangement with the fast-growing company. Together with his son, over the following years he then takes care of acutely ill or injured Siemens employees.

Emergency medical service

Following the death of his father Werner, Carl von Siemens, who takes over the running of the company together with his brothers Arnold and Wilhelm, also considers it important to provide medical care for the workforce. Like his father before him, by providing company health services, he sees the opportunity to help employees maintain their ability to work and so contribute to the success of the company.⁹

As the company grows, so too does the number of its employees, and it becomes impossible for one or two

Letter from Werner von Siemens to
Dr. Friedrich Körte dated July 7, 1888.

doctors alone to provide medical care for the workforce. In 1907 therefore, Siemens in Berlin contracts a number of independent physicians to establish an emergency medical service in its factories. In the same year, the company sets up a "Commission for Social Affairs" which is concerned with the "relationship between the company and its employees".¹⁰ The development of the company's welfare services is therefore now in full swing. One year later sees the foundation of the Siemens company health insurance scheme for which the contracted factory doctors also perform independent medical examinations.

To maintain and increase the performance of the workforce over the long term, during this period the company also begins to offer some preventive health-care services. In the first quarter of the 20th century, Siemens establishes several rest homes; ill or exhausted employees – together with their children – are able to recuperate in homes such as the Eleonorenheim near Heringsdorf (from 1904), the Ettershaus in Harzburg (from 1909) and in the Antonienheim in Ahlbeck (from 1915).

Werner Siemens an Geheimrat Dr. Körte,
Berlin.

Berlin 7.7.88

Gehrtester Herr Geheimrat,

Unser auf dem anliegenden Zettel verzeichneter Obermeister
Weiß (Johanniterstr. 17, IV) soll schwer erkrankt sein, und zwar
nach Angaben des Krankenkassenarztes gleichzeitig an Darmverschlin-
gung und Brustfellentzündung, sodaß er nicht mehr transportfähig
ist. Wir haben auch hier wieder den Bedürfnis, ein super arbitrium
über den Krankheitszustand zu erhalten und auch gleichzeitig zu-
verlässige ärztliche Behandlung des Kranken sicherzustellen.
Meine Bitte geht nun dahin, ob Sie selbst den Kranken besuchen
möchten oder Ihren Herrn Sohn dazu veranlassen möchten?

Da dieses Verhältnis öfters eintritt und die Erfahrung zeigt
daß die Herren Kassenärzte dem Einzelnen nicht viel Zeit und Für-
sorge widmen können, so wäre es meiner Firma erwünscht, in ein fe-
stes Verhältnis mit einem notorisch tüchtigen Arzte zu treten, wel-
ches es uns gestattet, in allen solchen Fällen ihn als Arzt der
Firma zur Untersuchung resp. zur Übernahme der Leitung der Kran-
kenbehandlung aufzufordern. Mit der von Ihnen freundlich über-
nommenen Funktion als ärztlicher Konsulent unserer Pensionskasse
hat dies natürlich nichts zu tun. Ob dies nach ärztlichen Usancen
angeht, und ob dabei Honorierung durch eine Pauschale oder durch
Liquidierung zweckmäßiger erscheint, darüber möchte ich mir Ih-
ren Rat erbitten. Ebenso um Ihre Mitteilung, ob vielleicht Ihr
Herr Sohn auf ein solches Arrangement eingehen würde, wenn es Ihnen
selbst, wie ich beinahe voraussetze, nicht konvenieren wird?

Falls Ihr Weg Sie morgen Vormittag in die Charlottenburger
Gegend führen sollte, würde es meiner Frau und mir angenehm sein,
Ihren Rat bezüglich der in den nächsten Tagen ankutretenden Som-
mererfrischung zu hören. Jedenfalls werden wir uns ad hoc zuhause
halten.

Hochachtungsvoll
Ihr ergebenster
(gez.) Dr. W. Siemens.

Food distribution point in Siemensstadt, around 1920



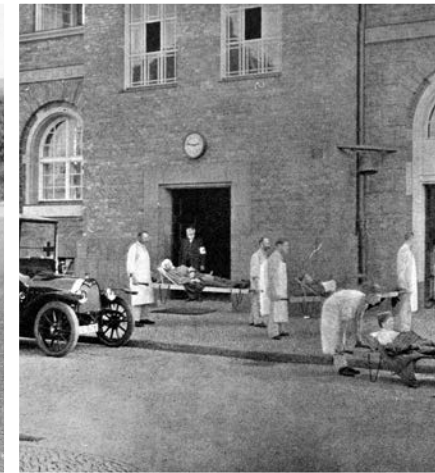
Administration building of Siemens plants on Nonnendamm



Vehicle transport for the Hospital for Wounded Servicemen, 1914



Carrying the wounded into Siemens' Hospital for Wounded Servicemen, 1914



The company also concludes an agreement with the Paulinenhaus Red Cross Hospital in Berlin's Westend district so that it gives preference to Siemens employees. In 1920 Siemens makes an arrangement with the Siemensstadt spa house for the provision of spa baths and treatments.¹¹

Other healthcare services instituted include home help for young mothers from dedicated nurses, the nursery for employees' children opened in Siemensstadt in 1912, as well as the provision of adequate food in cafeterias and works canteens. Long before it was set down in collective bargaining agreements, the company also provides paid holidays, including them in its 1908 catalog of health-promoting benefits: from the age of 30 in the case of men and 25 for women, employees who have worked for the company for five years are granted one week's annual holiday.¹²

The Siemensstadt Hospital for Wounded Servicemen

At the initiative of Carl von Siemens, following the outbreak of World War I the Siemens-Schuckertwerke set up a hospital together with Siemens & Halske and the Red Cross to look after and treat wounded soldiers. The Siemens-Schuckertwerke makes available the northern wing of its administration building in Berlin-Siemensstadt and finances its conversion into a hospital with 400 beds. A society is formed to run the hospital and the Vereinslazarett Siemensstadt opens its doors at the beginning of September 1914, welcoming the first of the wounded transports already on the 12th of that month:

"A substantial portion of the offices in the imposing [...] administration building of the Siemens plants on Nonnendamm have been converted into a hospital run by the Siemens plants themselves. [...] it provides 400 wounded and sick servicemen with caring treatment from four physicians employed by the

*company, plus a number of consultant doctors, as well as devoted care from experienced nurses and all conceivable benefits [...]."*¹³

The hospital is equipped not only with large patient rooms, but also with an operating theater as well as an X-ray room. It even has its own transport vehicles. World War I brings many changes for the company and its employees. As a result of conscription, the workforce in Siemens' German plants falls from around 60,000 to 23,000 in the first months of the war. As the war progresses, the situation with food supplies becomes increasingly difficult. From 1915 employees are able to buy food during working hours at dedicated food distribution stations. In addition, trained nurses are taken on to extend factory health-care services. 1917 sees the opening of the Siemensgarten recreation center for women employed in the Berlin factories. Already in 1916 the company had set up a war welfare foundation with an initial endowment of seven million Reichsmark to assist employees in need of aid, especially in the case of illness.¹⁴

Hospital train
around 1915



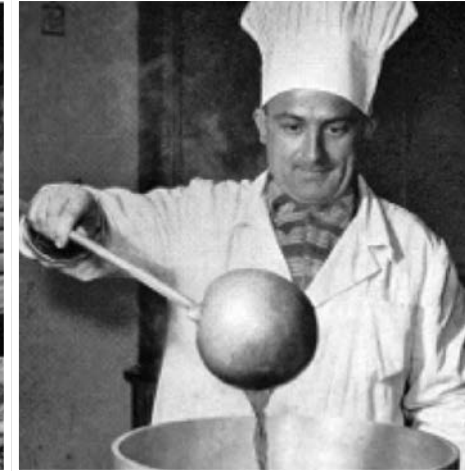
Cardiovascular fitness training
(date unknown)

Siemens rest and recuperation facilities – company doctors and convalescent care

Hiking trip during convalescence
in the Black Forest, circa 1960



Healthy fare at a convalescent
home (date unknown)



Playing chess during recuperation
in the Black Forest, circa 1960



Postcard from the Siemens home
in Bad Berneck (date unknown)



Trips to rest and recuperation facilities form one of the most important elements of Siemens' social welfare program. As far back as 1904, children are being sent off to health resorts on the Baltic coast.¹⁵ The company's first convalescent home is acquired by Werner von Siemens in 1909, followed a year later by the opening of the Ettershaus in Bad Harzburg.¹⁶ The big question – then as now – is: who gets to enjoy these “rest and recuperation” trips?

Company doctors play a key role in such decisions. Right up until the years following World War II, they are entrusted with the task of selecting the employees and children who are to benefit from the highly coveted places in the company's rest homes.¹⁷ As part of a general examination, the company doctor decides whether an employee is in need of recuperation.¹⁸ He also makes suggestions as to whether a stay in the mountains or at the seaside would be most appropriate – for example either in the Bocksberghaus in the Upper Franconian mountains, or in Koserow on the Baltic island of Usedom.¹⁹

As a result of its dynamic economic growth, the end of the 1950s sees considerable expansion of the company's R&R program.²⁰ Besides the established arrangements for children and adults, special places are now also offered to young people, mothers, and long-service employees.²¹ Company doctors now no longer have the sole authority to approve applications. Depending on the particular program, participants are selected by the Works Council, the Sociopolitical Department, the Social Welfare Officer, company management, or by the company doctor as before.²²

In 1956 “cardiovascular fitness training” for Siemens employees is offered in Eschenlohe near Garmisch-Partenkirchen.²³ Anyone interested in participating must contact their company doctor.²⁴ These training courses quickly prove popular and are so successful that the Bavarian Ministry of Labor contacts Siemens, and in particular its company doctors, to inquire about this in-company initiative.²⁵

At the time, doctors prescribe that the convalescent's day be divided up, with the greater part of the day being taken up by “rest cures” lying down in the open air and rest breaks after meals.²⁶ The chosen employees have to show that they spent the entire time in one place, and that they did not travel around for example, as the point is to avoid all exertion.²⁷ For children, the aim is to ply them with lavish and frequent meals so that they gain a couple of pounds in weight.²⁸

Since 2010 this interpretation is considered outdated. The new preventive programs are now referred to as health training and health seminars and the intention is to encourage employees to integrate regular sporting activities in their daily lives. In addition, participants are made aware of issues such as healthy eating and mental health. In tandem with these programs, since 2011 personal coaching sessions have been offered as part of health training on a voluntary basis. This holistic concept seeks to promote the individual's own awareness of health issues in the long term.

The responsibilities of company doctors continue to include the examination of employees to determine whether they are fit to participate in such programs or whether any medical contraindications exist, and also to advise on preventive measures.

As a result of the changes in external circumstances and needs, as well as recent findings in sports medicine and nutritional science, our interpretation of what constitutes rest and relaxation has undergone considerable change in the course of the 20th century. The Siemens offerings in this regard – ranging from rest cures in the early days through to today's holistic active prevention programs – continue to be received positively. The health training courses and seminars have become established as valued welfare services offered by the company. In this form they constitute a distinctive contribution by Siemens AG to maintaining and promoting the health of its employees.

The interwar years (1918–1935)

In the wake of World War I, the constitution of the Weimar Republic is shaped by social principles, as a result of which state provision of social welfare and health services is considerably expanded. After the collapse of production and sales during the war, Siemens initially seeks to strengthen its economic position:

*“Our staff and workers have hitherto greatly concerned themselves with questions of social welfare. We would welcome it if in future they would turn their minds more to economic considerations. Social policy can only be established on the foundations of economic policy.”*²⁹

Not long after the war ends Siemens is once more in a position to expand its voluntary welfare services. In the field of healthcare this includes, for instance, the opening of new rest and relaxation facilities such as the sanatorium in Koserow (1919), the Eschenbach health spa (1919), and the convalescent home in Belzig (1921). In tandem with developments in the public healthcare system, an in-company lung care center and an infant health center with regular consulting hours are established. As part of the health reforms of the Weimar Republic, the Siemens company health insurance scheme also relaxes its rules. Whereas in the past employees had been assigned to a doctor, from 1924 they are now free to consult any doctor they like.³⁰

Not only is healthcare extended and adapted to meet

the new requirements, medical care for the workforce is also restructured in the long term. In the mid-1920s, the Sociopolitical Department of the company which had been set up in 1919 therefore initiates a detailed audit of the factory medical services in Berlin. A not immaterial factor behind this step is the fact that – in view of high sickness rates – other companies such as AEG and BASF are also reporting their further institutionalization of medical care.³¹

One report from 1926 describes that those employed in medical care at Siemens carry out a variety of duties, for which there are a number of different contractual relationships: three male doctors and one female doctor are responsible for the independent medical examination of new salaried staff, and they also carry out so-called ‘civil servant medical examinations’ (when the employment relationship changes), examinations of severely injured persons, as well as medical checks for the pension fund. To carry out the – statutory – hygiene inspections in plants in which “constant activities are associated with damage to health”,³² plant managers must engage doctors independently to carry out the regular inspections for a fee in each case. A particularly sensitive area are examinations of employees who have been certified as unfit for work where there is a suspicion that they are not actually sick. The company engages three Berlin physicians to perform these check-up visits, who are to report any suspicious cases. However, the Sociopolitical Department notes that:

*“In the case of such visits, it has sometimes proved disadvantageous that the physicians used are not in a permanent employment relationship with our companies, and consequently their powers are not entirely adequate.”*³³

In the mid-20s, most doctors at Siemens are under contract to perform independent medical examinations for the company health insurance scheme: seven doctors are employed for this – some of them full-time – and they either receive a flat fee or are paid per case, up to a maximum of 500 Reichsmarks a month.

The plants in Siemensstadt have two doctors on site who are permanently engaged to provide on-call medical services in the event of sudden illness or accidents at work. However, since these doctors only work part-time for the company, the Sociopolitical Department sees gaps in provision which could also have serious consequences:

*“Since they also have private practices, the doctors frequently leave their homes [...] also when they are on call. If a serious accident occurs during this time, in some circumstances a quite considerable time might elapse before the doctor is located.”*³⁴

According to a 1926 report, this loose, decentralized employment of different doctors has a number of disadvantages which the Sociopolitical Department would like to remove by reorganizing the service. The restructuring establishes a central factory medical



The Siemensgarten recreation center, circa 1920



Bandaging a worker during construction of the Wernerwerk tower, 1930

service with at least four permanently employed doctors who commence working in Berlin-Siemensstadt.

For this a “main emergency room” has to be set up along with two waiting rooms, two treatment rooms, rooms for nurses and doctors, as well as a lounge area and storage facilities. In Berlin, as at other plants such as Erlangen, there had previously only been individual dressing stations.

At least two of the newly appointed doctors in Berlin should live directly in Siemensstadt itself in order to be easy to reach at all times. Not only is the work to be reorganized, the scope of the tasks involved in providing medical services is also to be expanded. In future doctors will also handle the medical examinations of all workers joining the company (and not

just, as previously, the male and female salaried staff). In addition, employees are to have the opportunity of obtaining medical advice:

“The advisory activities which the factory nurses have begun to provide can be considerably expanded by the factory doctors [...] without the employee actually being a patient as such.”³⁵

By emphasizing that the factory doctors’ role in future is still to offer advice and only provide treatment in the event of an acute emergency, the Sociopolitical Department is catering to the skepticism of general practitioners. The latter see their domain threatened by the expansion of the factory medical services, and consequently increasingly press the case for a clear separation of responsibilities.

The company budgets around 40,000 Reichsmark a year for the personnel costs of the newly reorganized medical services, to which the costs for converting buildings and purchasing equipment must be added. The costs of the previous company medical services amounted to around 35,000 Reichsmark.³⁶

However, it will be 1935 before the first permanent company medical department can be opened. The worldwide economic crisis at the end of the 1920s leads to a drastic increase in the social security costs of the company, above all on pensions for prematurely retired employees. At the beginning of the 1930s, Siemens also arranges emergency food supplies in order to help those who suddenly find themselves living at subsistence level as a result of the dramatic fall in the value of wages in real terms.

Immunization

At the end of the 19th century, the discovery of pathogens that cause infectious diseases creates quite a stir; for instance the tuberculosis bacillus discovered by Robert Koch in 1881. This laid the foundation for the subsequent development of vaccines, and the first national immunization programs are instigated against bacteria that cause epidemics.

Siemens as a company also soon carries out vaccinations and other preventive measures. In the years following World War II, as more and more returning soldiers, who are generally in very poor physical shape as a result of deficiency diseases, resumed work, vaccinations for typhus and diphtheria are increasingly provided by the factory medical departments.³⁷ As well as administering vaccinations, company doctors also initiate other campaigns to prevent infectious diseases: in 1953, as a result of the growing number of employees infected with influenza, in consultation with the factory medical service in

Erlangen the Works Council of the Siemens-Reiniger-Werke announces that the workforce are to receive free vitamin tablets. This is described as a “pure vitamin with a pleasant taste”.³⁸

In 1961 an article by works medical officer Dr. Marcus on the necessity of polio vaccination appears in the internal mail of the Siemens-Reiniger-Werke, passing on the general appeal of the local health authorities to the population as a whole. Not only are parents informed about the illness, a description of the symptoms and infection routes, what is much more important is the medical appeal to every member of the workforce to carefully consider immunization.³⁹ In contrast to other European countries, there is not yet any systematic immunization program in place for the population in Germany, although the polio vaccination has already been authorized for use worldwide. Today's annual influenza vaccination campaigns are also by no means an achievement of the 21st century.

From the 1960s, regular flu jabs are promoted by both the Works Council and company doctors.⁴⁰ These preventive measures are aimed primarily at employees with chronic health conditions such as heart and lung diseases, or metabolic disorders such as diabetes.

At a time when many jobs require personal flexibility and business trips all over the world at short notice, prophylactic vaccinations are very important. Individual advice for employees on vaccinations has therefore also now become a major part of the occupational health professional's daily work.



From institutionalization to crisis management (1935–1950)

The first company medical departments

The reorganization of medical services, which the company has been planning since the mid-1920s, can be realized around ten years later. On the opening of the first factory medical department in the Kabelwerk in Berlin on May 2, 1935, the Siemens-Mitteilungen company newsletter reports:

*"The new department has been set up in recognition of the need that every manufactory must increasingly take account of the two problems of man and machine. Both employer and employee must endeavor to ensure maximum manufacturing benefit for the minimum of human effort while at the same time protecting health. Safeguarding and ensuring this is the foremost duty of the factory doctor."*⁴¹

It is not only in Berlin that the institutionalization of medical services in the factories proceeds at a rapid pace; in Nuremberg too a full-time factory doctor is appointed in August 1936: Dr. Koelsch is to observe and monitor the health of the workforce, but not actually provide treatment himself. Treatment should

still continue to be provided by the family doctor, so that factory doctors do not interfere with the free choice of doctor.⁴² Provided with the "latest diagnostic tools"⁴³ by plant management, Dr. Koelsch primarily sees his role in providing advice on industrial hygiene issues right at the workplace:

*"The factory doctor stands in the workshops of Germany technology as a friend and helper for everyone involved in manufacturing the goods, from the operations manager down to the engineers and machine operators."*⁴⁴

In the mid-1930s, the expansion of medical services in the factories brings a number of binding rules, which on the one hand lay down the organizational structure and on the other hand serve to clearly differentiate the duties of the factory doctor from other medical services. Among other things, the rules specify that in large plants with a workforce of over 8000 people, the factory doctor reports directly to the plant manager.

In smaller plants, the factory doctor should also report to the respective operations manager, but the costs are to be borne by the responsible department of the respective occupational accident compensation association, which apportions the costs among the plants it covers. As a result, in smaller factories, the compensation association has a strong influence on the selection and appointment of the factory doctors.⁴⁵

The rules also make it once again very clear that the factory doctors should not offer employees treatment, but in special cases may act as independent medical examiners for the medical insurance companies.

The expansion of factory medical services at Siemens proceeds apace until the end of the 1930s. The aim is for each individual plant to have a full-time factory doctor. This institutionalization can also be seen in the examination figures: while the Sociopolitical Department reports approximately 36,750 examinations during the 1937/38 fiscal year, only one year later this figure has jumped to around 51,330.⁴⁶

An employee is bandaged in the Elmowerk factory doctor's office, 1938



Transporting an injured worker, 1938



Between 1935 and 1940 a total of thirteen doctors are employed for the Siemens plants in Berlin, plus six doctors for plants in Nuremberg/Erlangen, Plauen/Neuhaus, Sörnewitz in Saxony and in Vienna.⁴⁷

At this time, however, the company and plant managers are not the only people influencing company medical services: after the National Socialists come to power, the German Labor Front (Deutsche Arbeitsfront, DAF) begins to infiltrate the realm of occupational health and medical care. This national socialist labor organization considers this to be one of its core concerns and sets up its own healthcare department to be in charge of organizing all factory and company doctors. This ideological subsuming of the company medical services thus goes hand in hand with "Managing the health of hard-working German citizens"⁴⁸. The DAF also has an impact on the professionalization process. For instance, it demands longer training for so-called factory care assistants (Werkheilgehilfen), who are then to be placed on an equal footing with state-examined nurses.⁴⁹ In relation to medical em-

ployees, DAF introduces a hierarchy: from now on the designation of "company doctor" is to be awarded solely by the DAF and requires special training. Full-time doctors to which the DAF does not grant this title may call themselves "works doctors" or "factory doctors". In addition to personal details, an application to use the title "company doctor" must be accompanied by a political appraisal.⁵⁰

The outbreak of the Second World War poses a major challenge to the company's fast-growing medical services. Since large numbers of doctors are urgently required at the front, the number of Siemens company doctors decreases. For example, in Berlin by mid-1941 the complement is reduced by almost half to just eight doctors, who have to take care of over 100,000 employees. To fill this gap, female company doctors are appointed, initially temporarily, to support the largely still male-dominated profession.

As the air war gets underway, the provision of medical care becomes increasingly difficult and the working

situation and health of employees worsen considerably. Increasing sickness rates due to problems with supplies of food and medication, as well as in some cases the widespread destruction of the medical infrastructure, are the main challenges faced by the company's medical services. For instance, in June 1941 a makeshift doctor's office for the transformer plant in Nuremberg has to be temporarily set up in an air raid shelter. Dr. Münk, the company doctor for the plant, is able to carry out only a fraction of the usual number of examinations there. For the by now normally standard X-ray examinations, he has to send employees to Dr. Kölsch in a neighboring Nuremberg factory.⁵¹

During World War II, the company's medical services also cover the forced labor employed by Siemens. Usually housed in cramped unhygienic barracks, these workers are – in line with the Nazi ideology – not afforded the same medical treatment as German employees.

Laboratory in the Kabelwerk plant, 1935



The forced laborers are classified hierarchically along race lines: workers from Eastern Europe are on the lowest level and usually do not even receive a minimum of healthcare. Men and women from Southern and Western Europe are treated slightly better. To separate out the forced laborers for the purposes of medical care, in March 1942 the company sets up its own "Ancillary hospital for foreigners" in Berlin;⁵² in addition a separately appointed doctor is to supervise disease/epidemic control in the work camps.⁵³

By the end of the war, the Company Medical Services are also in ruins: for instance the Siemens-Reiniger-Werke in Erlangen reports to the Sociopolitical Department in the fall of 1945 that its medical department has been extensively damaged by bombs and shellfire, and that as a result of looting it has virtually no equipment left.⁵⁴ Other medical departments survive the last months of the war with fewer losses and help out the other more greatly damaged ones.⁵⁵

With organizational, financial and personnel assistance from the occupying forces, Siemens tackles the most urgent medical emergencies among its workforce. In Berlin in particular, there is close cooperation with the Health Branch of the British Military Government, which helps with the supply of food, bandages and medication.⁵⁶ By the end of the 1940s, it is consequently possible to effectively combat malnutrition, as well as infectious diseases and supply shortages.

Mass X-ray screening

At the same time as Werner von Siemens appoints Dr. Friedrich Körte to be his company doctor, as a result of Robert Koch's identification of the tuberculosis bacillus, the bacteriological transmission of tuberculosis has become generally accepted. Tuberculosis is considered the most dangerous disease prevalent in the slums of industrialized cities. Many people live here in close proximity with poor hygienic conditions. They also often suffer from malnutrition. At the beginning of the 20th century the death rate from pulmonary tuberculosis is therefore high, as the chances of successfully treating an active "open" tuberculosis are still relatively low. Education in matters of hygiene by both public and company tuberculosis care centers gradually helps to lower the risk of infection.

As far back as 1918 Siemens sets up a central X-ray unit and care center in Berlin to look after employees with tuberculosis, arranges admittance to sanatoria, and endeavors to minimize the risk of infection at the workplace. The Siemens health insurance scheme points out that

*"members of the company health insurance scheme are offered sufficient opportunities to present themselves promptly to the lung care doctor in the administration building if they have any suspicions [...] so that nothing is missed and appropriate treatment can commence straight away."*⁵⁷

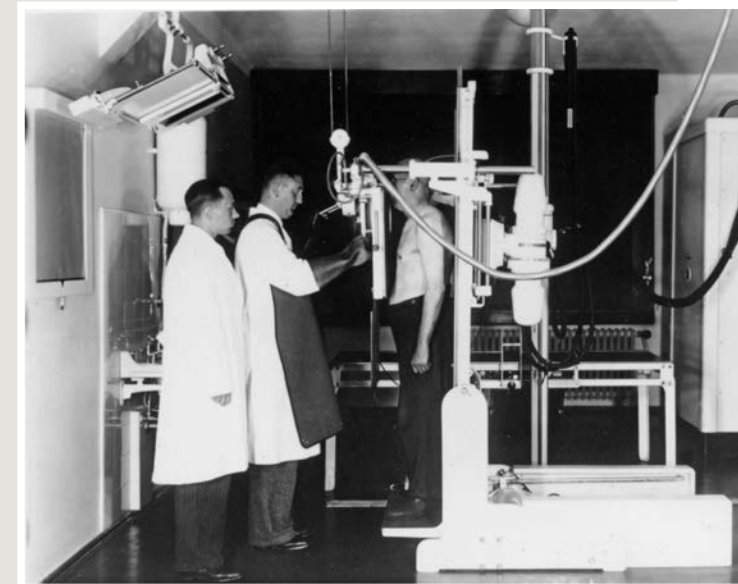
In the mid-1930s, the company is conducting regular mass screenings of the workforce. The X-rays are examined to detect tuberculosis in its early stages so that therapy can be provided as soon as possible. By the beginning of the 1940s, the number of systematic

screenings is steadily increasing. At its Erlangen site, Siemens sets up a permanent X-ray examination station.⁵⁸ When air raids begin during World War II, however, it becomes more difficult to carry out checks across the whole workforce.⁵⁹

Even if the total number of tuberculosis cases rises slightly during the Second World War and in its aftermath due to poor hygiene, malnutrition and the unavailability of treatment, the early detection measures soon prove effective. The number of infections fall, while successful treatments increase. At the beginning of the 1950s, the mass screenings are also made statutory in most states of the Federal Republic of Germany. The number of costly examinations fluctuates considerably during the mid-50s; while in 1954 the Siemens tuberculosis center reports around 22,000 X-ray examinations, it records just under 8790 screenings in 1955, of which 34 cases of active tuberculosis are detected.⁶⁰ Company doctors also use a mobile X-ray machine provided by company management in the 1950s. The mobile screening unit visits all Siemens sites in Germany at regular intervals.

In the spring of 1967, Erlangen company doctor Hans-Günther Schmidt records the millionth X-ray taken during the mass screening program and praises the fact that the examinations are helpful both in terms of diagnostics and their broader impact on the population.⁶¹

The X-rays taken by the radiology nurse "are analyzed in Erlangen by Professor Schmidt at the University's Medical Polyclinic. A few days later the results are



X-ray examination, circa 1935

on the company doctor's desk, who can then initiate appropriate treatment [...] if necessary."⁶²

Ten years later, when Company Medical Services takes stock of 25 years of systematic screening, the physicians determine that the examinations also have a positive side effect: as the incidence of tuberculosis declines, they now serve to discover widespread indications of health conditions such as lung tumors or hardening of the arteries.⁶³ By the beginning of the 1980s, the number of people infected with tuberculosis falls so low that the X-ray screenings are no longer relevant. The X-ray screening unit in Erlangen observes that there is only a low participation level in the now voluntary examinations, so that in 1982 the Siemens Managing Board decides to cease radiographic examinations.⁶⁴

The first female company doctors

From the outset women also work in the company medical departments, supporting the male works doctors as medical assistants and nurses. Their responsibilities include organizing appointments during consulting hours and running the dressing stations, as well as taking and analyzing blood samples.⁶⁵

Although women have been permitted to study medicine in Germany since 1899, the proportion of female doctors in the 1920s is still only around five percent.⁶⁶ During this period, many still find the thought of women practicing as doctors inconceivable, and female company doctors are unheard of. It is the Second World War that brings about change.⁶⁷ As male medical students are conscripted immediately after graduating, and more and more doctors are needed by the German Wehrmacht at the front, there is an ever worsening shortage of doctors.⁶⁸ This also affects the Erlangen Siemens factory at the beginning of 1940, as works physician Dr. Leupold is called up and the factory medical department has to be closed down.⁶⁹ Dr. Münk from the Siemens-Schuckertwerke in Nuremberg provides temporary cover for employees in Erlangen as well, but this does not ensure adequate medical care for the workforce.⁷⁰ Forced by

circumstances into adopting new ways, in January 1942 Dr. Charlotte Blos is appointed as the first female company doctor for the Siemens-Reiniger-Werke in Erlangen.⁷¹ This innovation is not, however, universally welcomed. On the one hand the idea of a female doctor conflicts with the national socialist ideology of woman as wife and mother,⁷² and on the other hand some people within the company have great reservations about whether a woman doctor can be entrusted with all types of medical examination. The ability of a woman to assert herself among male workers is doubted.⁷³ The Sociopolitical Department accepts the appointment of Dr. Blos only with the proviso that this is to be seen as an “emergency solution”.⁷⁴

Alongside these developments in Erlangen, female doctors are also appointed to other company medical departments in the 1940s, for example Dr. Vroom in Berlin.⁷⁵ The supposed “emergency solutions” prove successful, and many of the women continue to work for the company after the war is over.⁷⁶

As a consequence of female medical practitioners being employed in the company medical depart-

ments, more and more women-specific health issues come into focus during the 1960s and 1970s. Siemens company doctors Dr. Ingelene Breusing from Munich and Dr. Gerda Henning from Berlin provide tips on healthy nutrition and clothing during pregnancy in the Siemens-Mitteilungen company newsletters⁷⁷ and provide information on specific exercise programs for women.⁷⁸

A gymnastics tape is even recorded for exercises at work and they provide guidelines for employees on healthy movement at the workplace.⁷⁹

A further milestone for increasing the number of women doctors is reached at the beginning of the 1990s following the reunification of Germany.⁸⁰ New female medical colleagues from Leipzig, Berlin, Dresden and Chemnitz are added to the Siemens medical departments and increase the proportion of women.⁸¹ 35 female and 55 male physicians attend the first meeting of company doctors following reunification in Würzburg in November 1991 – almost 40 percent of company doctors are now women.⁸² In 2012, Siemens AG employs a total of 48 company doctors, 21 of whom are female.

“A message for the sandwich-diner” – Company Medical Services and nutrition

Canteen for workers in the dynamo factory in Siemensstadt, 1914



Canteen in the Siemens Hoffmannstrasse building in Munich, 1960



From early on one of the services provided by the company is to offer proper nutritious food. 1886 therefore sees the opening of the first “mess” for salaried staff, which is followed three years later by canteens for other workers as well. In the 1930s, Siemens also endeavors to cater to sections of the workforce with special nutritional needs, among other things introducing meals for young employees in some company canteens.⁸³

In the 1940s, the company doctors address the issue of food primarily from the perspective of malnutrition. The food supply generally during the last years of World War II worsens so dramatically that it has an impact on the health of all employees. At the end of the 1940s the company doctors and works councils are still concerned about this issue and point to a “catastrophic loss of strength among the workforce”⁸⁴:

“The reason for this is completely inadequate nutrition. [...] Sickness rates are between 20 and 30 percent. People fainting in the workshop or in their office is a daily occurrence nowadays.”⁸⁵

The company addresses the problem by systematically expanding works canteens in most factories and offer-

ing additional food such as a nutritious “breakfast soup” which is distributed to the workforce free of charge.⁸⁶

As the reconstruction of West Germany progresses, and with the assistance of the British and American occupying forces, the nutritional crisis gradually wanes by the beginning of the 1950s. Attention now turns to catering for special diets in the company’s kitchens and cafeterias. To counter particularly common medical complaints suffered by the workforce, at the end of the 1950s Siemens company doctors are advocating that the special diet meals provided should be adapted to meet current dietary needs, for example for employees with stomach and gall bladder conditions, or those with heart and kidney complaints.⁸⁷ As the trend toward overeating now gains hold among the German population, the promotion of a healthy balanced diet by Company Medical Services takes on greater importance. Instead of undernourishment, it becomes necessary for occupational health professionals to deal with the consequences of too rich a diet and the lack of exercise. Company doctors now provide practical tips and recipe suggestions for low-fat and low-salt meals.⁸⁸ Company Medical

Services calls attention to the importance of regular mealtimes with jingles and healthy eating campaigns:

“A message for the sandwich-diner: you’ll find our hot meals so much finer! So do your health some good and eat our canteen food.”⁸⁹

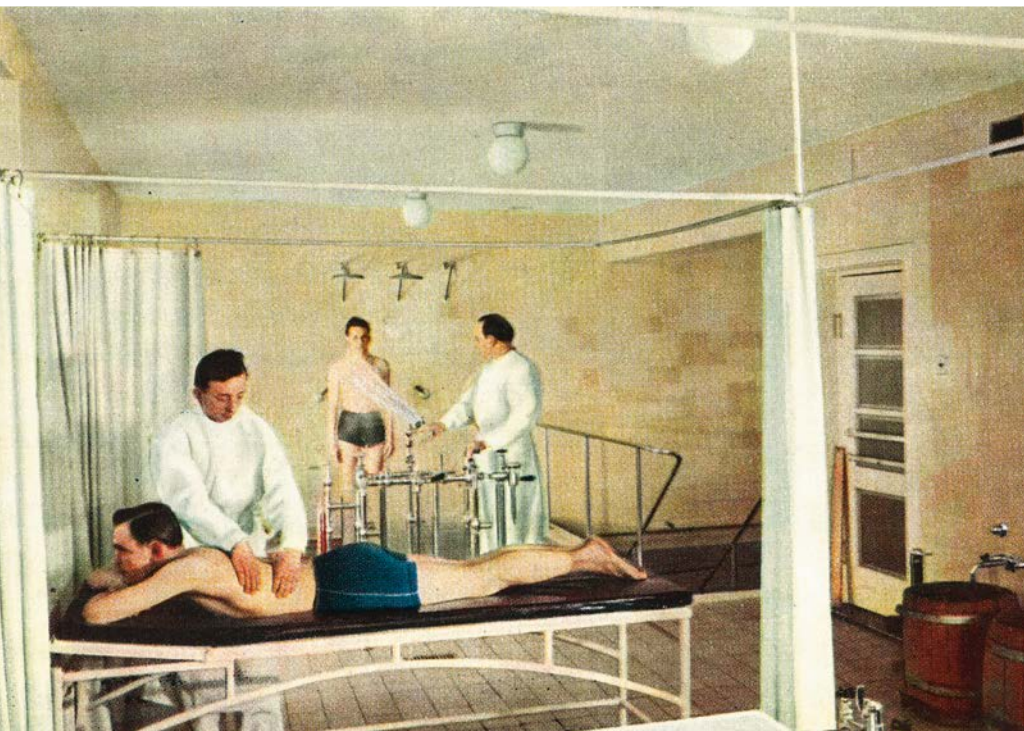
The company also changes the food it offers in its canteens and cafeterias:

“Our main canteen endeavors to offer employees healthy and calorie-conscious nutrition. It is possible to select your own choice of high-protein or low-calorie food. This includes high-protein, low-carbohydrate options such as cottage cheese dishes, lean meat and lean fish.”⁹⁰

In cooperation with the Siemens company health insurance scheme, at the beginning of the 1990s Company Medical Services also runs seminars on long-term weight loss and changing one’s diet.⁹¹ The issues of “nutrition” and “exercise” become key elements of the company’s healthcare program.

“The economic miracle years”, expansion and establishment

(1950–1975)



Hydrotherapy and massage room in the Medical Center



Hydromassage bath in the Medical Center

Since 1948, the economy in the Federal Republic of Germany has been booming.⁹² The economic miracle is in full swing, reducing unemployment, greatly boosting exports, and even necessitating the recruitment of 'guest workers'.⁹³ This positive economic development also extends to the German electronics and medical technology sectors.⁹⁴ Siemens also benefits from increased domestic demand and a rise in overseas orders, so that by the end of the 1960s sales are up significantly every year.⁹⁵ Everything seems possible in these years of economic boom.

The company's medical departments also experience an upswing, with the 1950s and 1960s ushering in an era of new buildings and conversions, upgraded equipment, expansion of services and the appointment of many new company doctors. In 1951 a new factory medical department is opened in Erlangen in the presence of distinguished politicians and professors.⁹⁶ The Haus des Arztes⁹⁷ Medical Center⁹⁸ is on two levels. Besides the customary medical areas such as dressing station, consulting room and waiting room, it also houses special rooms such as an X-ray room and radiotherapy room.⁹⁹ Siemens attaches great importance to equipping the unit with the latest technology and promotes the development of new electromedical products.¹⁰⁰ A testing facility for medical equipment is consequently attached to the medical department, creating a direct link between practical and theoretical occupational healthcare. The highlight of the new facility, however, is the hydrotherapy unit on the first floor,

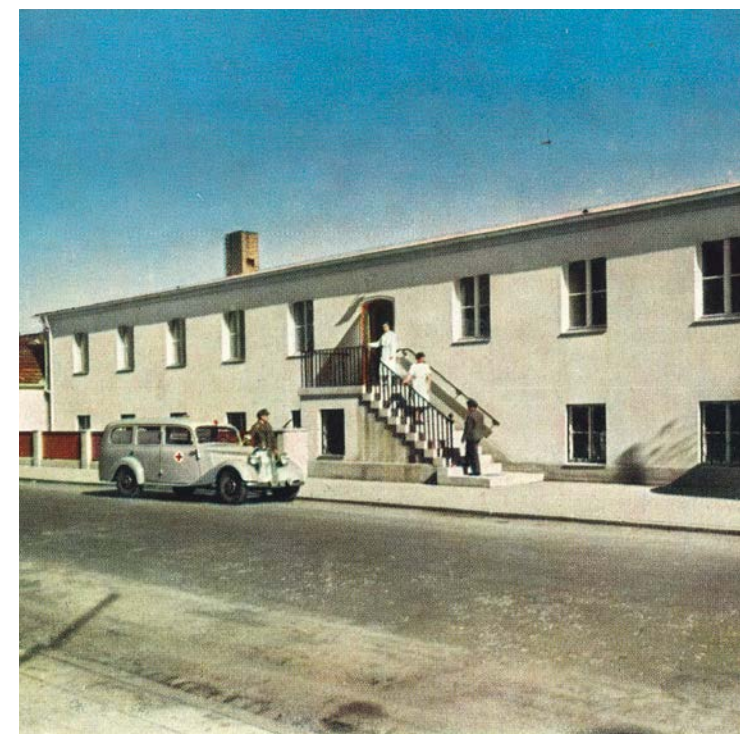
*"in which all Siemens employees and their families can enjoy a range of therapeutic baths, as well as a sauna, hydromassage, Kneipp treatments, hot air showers, pine needle baths etc."*¹⁰¹

These facilities are enthusiastically welcomed by Siemens employees so that the opening hours of the hydrotherapy unit are constantly having to be

extended. In 1974 a total of ten masseurs and assistants are employed there.¹⁰² The number of medical staff likewise rises during these years. In 1963 Dr. Bösche is appointed as an in-house radiologist for the X-ray department, and from 1968 two full-time company doctors look after the Erlangen workforce – instead of the previous single physician.¹⁰³ As the factory medical services expand, however, the potential for conflict with local general practitioners also increases.¹⁰⁴ The management of the Siemens factories, works councils and the association representing GPs often have to deal with complaints about the activities of the company doctors.¹⁰⁵ The disputed issue here is always the – supposed – treatment by the company doctors which is seen as exceeding their remit.¹⁰⁶ Siemens consequently pays greater attention to the boundaries of the medical services provided by the company and excludes any regular treatment in its medical centers.¹⁰⁷ Similar cases and discussions across the whole of Germany lead to the conclusion of an agreement in 1953 between the employers' organizations, the Federation of Trade Unions and the works doctors.¹⁰⁸ With the help of Siemens company physician Dr. Marcus, factory medical services are defined for the first time in the Federal Republic of Germany and guidelines for their activities are also drawn up.¹⁰⁹ Further organizational and formal rules are added over the course of the following years, for instance guidelines for cooperation between the occupational accident compensation associations and the works doctors, or the rules for cooperation between the works doctors and company health insurance schemes drawn up in 1957.¹¹⁰ In 1973 this development of formal structures eventually culminates in legislation to regulate occupational safety and the duties of company doctors.¹¹¹ The designation "works doctor" is changed to "company doctor" again, and the medical staff now report directly to company management.¹¹² This provides company medical services with a legal framework

which prescribes the qualifications required and the tasks of company doctors, and defines their position within the company.¹¹³ The legislation also results in a general raising of the status of occupational health professionals. Among other things, this specialist field becomes a compulsory module for medical degrees at universities.¹¹⁴

Company medical department at the Siemens-Reiniger-Werke in Erlangen, circa 1950



With its many years of experience in this area, Siemens plays a leading role and serves as a model for other institutions and companies to follow. As a result, the company medical departments attract many visitors seeking the latest information. Besides school classes learning about the company's medical services as part of social studies, company doctors from France are given tours of the facilities, and even Saudi Arabia's Health Minister, Prince Abdullah el Faisal, pays a visit to the Erlangen medical center in 1953.¹¹⁵

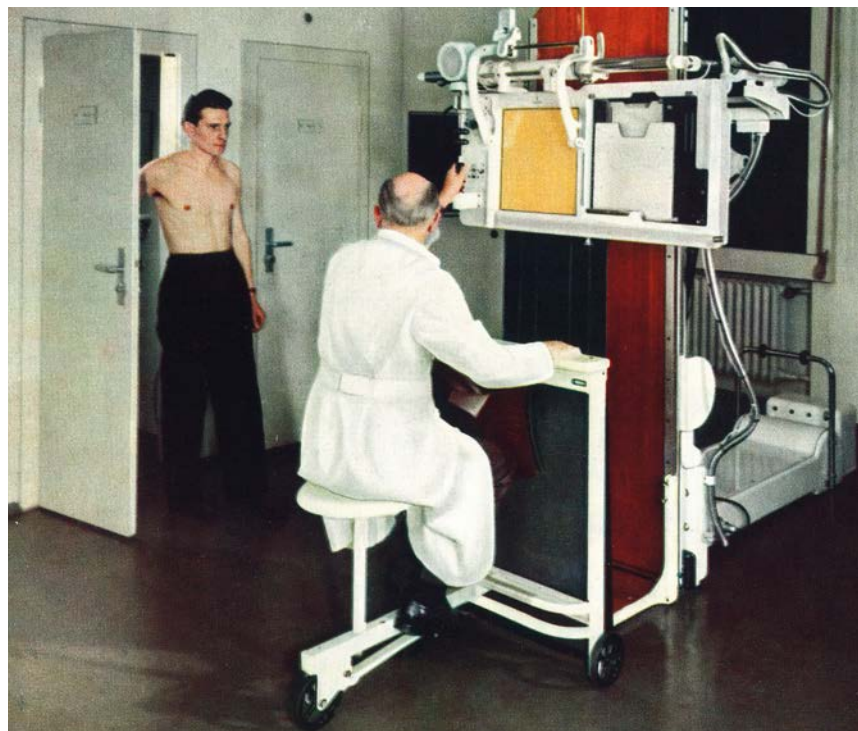
Exchanging experiences with other company doctors is also important during these years – both within Siemens itself, and with colleagues from other companies. From 1949 an official working group for factory

medical services (Werksärztliche Arbeitsgemeinschaft) exists in which doctors from Siemens are also involved.¹¹⁶ For instance, in 1952 Dr. Marcus invites the group to a conference in Erlangen.¹¹⁷ Current occupational health issues are debated in lectures and discussions: the potential of electrocardiography, new electrotherapy methods, depth psychology techniques and, very practically, how to set up the ideal factory kitchen. After the event, the following report is published in the working group's bulletin:

*"The Erlangen conference was a complete success. [...] Good lectures, excellent hospitality laid on by Siemens-Reiniger-Werke AG, and the delightful scenery of the nearby 'Franconian Switzerland' ensured that the meeting was highly harmonious."*¹¹⁸

In tandem with medical advances in the company's medical departments, however, the demands of employees and the responsibilities of the doctors also grow. It becomes necessary to introduce a telephone appointment system in order to avoid long waiting times.¹²² The complicated permit arrangements for visiting the works doctor comes in for criticism.

Overall, in the years between 1950 and 1975, Company Medical Services gains increasing prominence, and interest in the work of the company doctors grows. In articles such as "Der Werksarzt spricht" in 1956, Dr. Marcus describes his work and special position as a "mediator between executive management and the workforce"¹²³ in the Hauspost staff magazine of the Siemens-Reiniger-Werke.¹²⁴ The brochure "Who, Where, What. Tips for Employees" pays great attention to healthcare and accident prevention.¹²⁵ The company doctor's advice is sought after, and not only for medical reasons – the doctors also proffer advice on presents and holiday tips.¹²⁶ In the staff magazine, articles with titles such as "Uncle Doctor gives holiday tips" or "Vacations without pills" are published so employees can continue to take care of their health while on vacation.¹²⁷



As a special prevention initiative of the company, from 1967 all female employees are offered mammographies in the X-ray department.¹¹⁹ In 1968 the topic of "data processing in medicine" features on the agenda of the conference of Siemens company doctors in Munich.¹²⁰ In this connection a film entitled "A New Partner" is screened.¹²¹

X-ray examination in the Medical Center, circa 1950

Occupational safety and accident prevention

The duties of the first company doctor comprise the examination and treatment of employees who are already ill.¹²⁸ In 1888 the company doctor is not yet responsible for preventive occupational health matters and accident prevention.¹²⁹ This very quickly changes, however, as the work of the doctor increasingly focuses on the hazards associated with the workplace. At Siemens the company doctor is soon involved in the identification and mitigation of the causes of accidents as well as in protecting the health of workers. In “accident prevention talks”, the risks of respiratory toxins such as dust, gases and vapors are explained, and the doctors seek to reduce the number of accidents and illness through greater education.¹³⁰ The in-house work of the company doctors in collaboration with the Sociopolitical Department and engineers is all the more important since for a long time the state does not provide any general occupational safety legislation.¹³¹ There are merely a few building blocks. The Gewerbeordnung (Industrial Code) of 1869 and Unfallversicherung (Accident Insurances Act) of 1884 had already been enacted by Bismarck.¹³²

During the Weimar Republic, the Deutsche Gesellschaft für Gewerbehygiene (German Society for Industrial Hygiene) is founded and the first eleven occupational diseases are officially recognized. These also include illness resulting from exposure to X-rays.¹³³ As yet there is still no overall legal concept however, and neither is one defined during the National Socialist era, nor during the early years of the Federal Republic.

It is not until 1973 that the German Parliament passes the Arbeitssicherheitsgesetz (Occupational Safety Act) which sets out the duties and the cooperation required between company doctors, safety engineers and other occupational health and safety experts.¹³⁴ It obliges employers to appoint company doctors to be responsible for occupational safety, accident prevention and health advice.¹³⁵ Many of the now officially defined duties of company doctors have long been performed by Siemens’ in-house doctors: organization of first aid, workplace inspections, medical examinations when changing jobs, and advice on matters of hygiene.¹³⁶ The new rules have long been practiced at Siemens.

The initiatives of the company doctors do not always elicit a positive response, however. In 1955 their proposal to completely ban alcohol in the factory found little favor among the workforce.¹³⁷

In Erlangen Siemens has been practicing one form of accident prevention that everyone finds fun since 1971, namely accident prevention competitions.¹³⁸ The lower the number of accidents, the more prizes can be won¹³⁹ – from bicycles to rubber dinghies, employees can win a wide variety of rewards.¹⁴⁰

Today, occupational safety and accident prevention remain key elements of the company doctor’s portfolio. The focal points have changed over the years, but not their importance for the company and the workforce.

Accident gage showing accident statistics and lost hours, 1951



Production in Wernerwerk I
(date unknown)



Ergonomics brochure, circa 1970

SIEMENS

Ergonomie

Gestaltungshinweise
für Bildschirmarbeitsplätze
Kurzinformation der FWO 2 – Arbeitswirtschaft

3



Workplace design and ergonomics

Alongside the medical aspects of occupational health and safety, company doctors also give consideration to workplace design. In the early part of the 20th century, efforts are directed above all at ensuring good lighting and ventilation.¹⁴¹ In addition, even back then “aids are used to adapt workplaces and machines [...] to the requirements of the individual worker, so that physically disabled people can be fully employed.”¹⁴²

At the beginning of the 1950s, once the most urgent post-war health problems such as malnutrition and infectious diseases have been overcome, company doctors focus more and more on employees in their working environment. Increasing automation within production influences the “man-machine system”, and the doctors seek to ensure that this functions as smoothly as possible. In the technology-driven view of the economic miracle years, the task is to adapt the human body to the changes in the working environment. Company physician Dr. Klaus Hausmann notes in 1960 that “this ‘body-soul machine’ [...] is not built for a static, but rather primarily for a dynamic load”¹⁴³, “it requires physical movement to function properly.”¹⁴⁴ As a consequence, company doctors focus on the one hand on suggesting exercises for employees to compensate for this static load, and on the other hand on conditions at the workplace itself.

The guidelines for company doctors at Siemens drawn up in 1968 thus stipulate that their primary task is to: “advise executive management on all matters of occupational health and safety, for example offer advice when new working methods, tools and materials are introduced, and advise on workplace design (lighting, ventilation, noise mitigation and the like).”¹⁴⁵

In addition to these advisory services, over the course of the 1960s there are also more and more initiatives to encourage employees, especially those working in offices, to take part in workplace exercise during communal breaks. The initial skepticism of some employees about performing gymnastic exercises at work is soon replaced by a positive response. At the end of the 1960s, Social Welfare Officer Meyer and company physician Dr Schmidt introduce a gymnastics ball as an exercise aid in the typing pools of Wernerwerk M in Berlin. Communal gymnastics has a beneficial effect on the working environment, and the typists complain less about back, neck and hand pain.¹⁴⁶ The concept of exercise at work is by no means new: already in 1930 a female employee in the Wernerwerk plant reports on “works gymnastics” performed to the accompaniment of martial music on the radio:

“A glance at the clock. Almost 12. Quickly change into gymslip, because the 10 minutes of gymnastics will enable us to stretch our limbs that are stiff from five hours of sitting.”¹⁴⁷

From the 1970s onwards, a further new challenge is the advent of computers at many workplaces. The “display workstations” (DWS) as they are known initially meet with considerable criticism: “Potential damage to eyes, mental strain, posture problems and the like are linked to working on DWSs.”¹⁴⁸ In information sheets and ergonomics courses, the occupational health experts make it clear that the “VDUs” do not pose any risk, as long as one adopts the correct seating position and sits at the correct distance away from them.¹⁴⁹

To this day, the G 37 medical checkup for display screen equipment, which is designed to identify any

limitation of the field of vision on computer terminals and check whether any special vision aids such as VDU spectacles are required, is still one of the examinations currently performed by Company Medical Services.

Hicom 1984



Sport and the promotion of sport

From an early date Siemens supports the leisure activities of its workforce by providing sports facilities. For instance, in 1921 the playing fields on the Rohrdamm in Berlin-Siemensstadt, which had already been built

before the First World War, are converted into a multi-purpose sports venue. Gymnasiums, bowling alleys and watersports pools are built. Similar facilities are created at many other company sites too.

After 1933, the promotion of sport by the company is overlayed by the National Socialist ideology of the obligation to be fit and healthy.¹⁵⁰ In the 1950s, the company clearly distances itself from this position: "For various reasons, company sport as practiced in its earlier form should on no account be continued", announces the Works Council in 1950, thereby distancing itself from how sport was practiced under the influence of the Nazi Deutsche Arbeitsfront organization. Young employees should be encouraged to exercise and participate in sport without any ideological pressure. On request, in the 1950s the company pays the sports club membership fees of apprentices and "attaches great importance to the sporting activities of trainees during their apprenticeship".¹⁵¹

From the occupational health point of view (company) sport is important for two reasons: Firstly, from the 1950s it is one of the company doctor's basic duties to provide medical cover for the company's sports facilities, and the doctors are also responsible for first aid in the event of any injuries – the specialization of some company doctors in sports medicine is advantageous here. Secondly, promoting sports and exercise is a key element of the prevention side of the equation. Employees are encouraged to get more exercise through fitness classes at the workplace or sporting activities during rest cures. In the 1950s and 1960s the company doctor can also act as a "cheerleader" to encourage exercise:

*"Get out of that chair and fill your lungs with fresh air – remember that plenty of exercise can keep you healthy and energized!"*¹⁵²

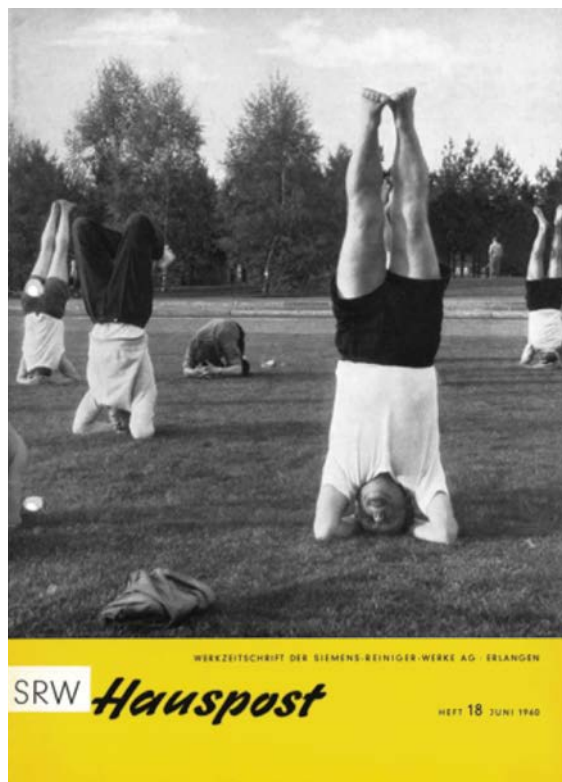
In the 1970s and 1980s, as workplaces are increasingly dominated by static display workstations, the lack of exercise is recognized as an important physiological factor for healthcare generally. Company Medical Services develops special programs for back exercises, progressive muscle relaxation and other forms of exercise.¹⁵³

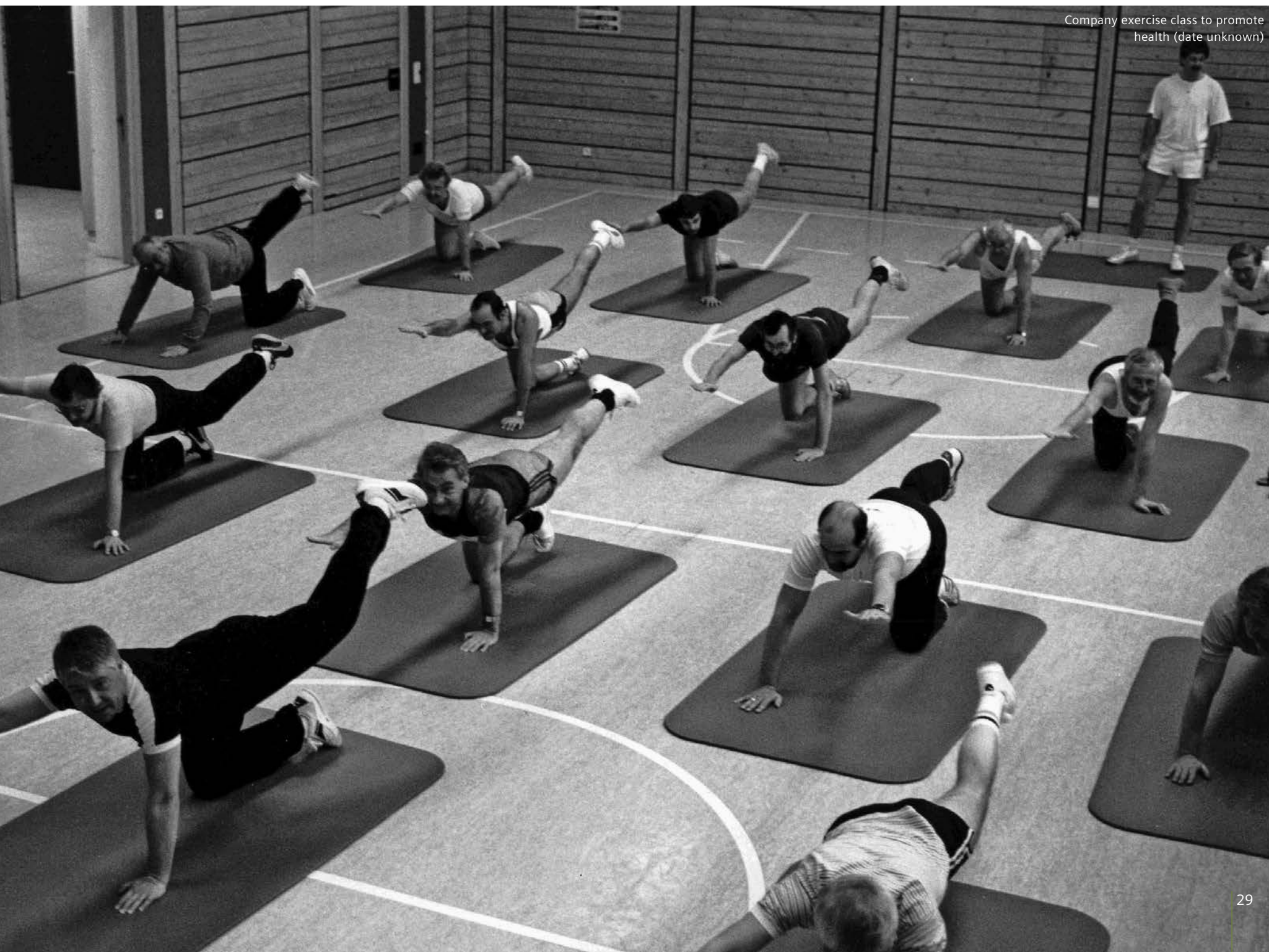
At the turn of the 21st century, the range of exercise offered by over 30 groups in the Siemens Sports Association (Sportgemeinschaft) encompasses virtually all aspects of performance sport, general sport and rehabilitation sport. The German Sports Federation awards the Siemens Sports Association, which in 2006 has a membership of around 2000, its "Health+" rating.

As Company Medical Services is expanded to include health management, the proactive approach taken to sport and exercise is stepped up. The aim is to encourage the health and safety awareness of employees with campaigns, advice clinics and workplace visits. As well as exercise, regional and national campaigns such as "Cycle to work" and "Take time to breathe" also promote relaxation and destressing.

In collaboration with the company health insurance scheme, in 2010 Siemens Health Management motivates 5000 interested employees to participate in its "Movement counts" campaign by integrating more physical activity in their daily routine. Provided with free pedometers, employees notch up – either individually or in teams – 1.7 million kilometers in just three months.

Siemens-Reiniger-Werke (SRW) Hauspost, Juni 1960





“We’re part of the family”

Towards “health management” (1975–2013)

In the years following the Arbeitssicherheitsgesetz (Occupational Safety Act) of 1973, which among other things defines the duties of company doctors, company medical services become increasingly professionalized. Accident prevention competitions¹⁵⁴ are held; while the long-standing immunization campaigns are regularly offered and promoted.¹⁵⁵ As a result of the expansion of preventive measures, employees make more frequent use of company medical services.

The heavy demand results in longer waiting times: during this period up to 400 Erlangen employees consult the company medical department every day (including the attached hydrotherapy and X-ray department).¹⁵⁶ In 1976 Dr. Heynen requests that employees should make an appointment by telephone beforehand in order not to disrupt the regular operation of the Medical Center.¹⁵⁷

The rapid economic growth of Siemens across regional and national borders enables the company to quickly become a global player. Employees have long since

not been tied to one location, but travel the world on a regular basis. The change in the working environment takes its course. In 1982 the company responds to the ever more complex and specialized nature of occupational healthcare tasks by forming committees chaired by company doctors on matters such as “social welfare”, “healthcare abroad”, “hazardous substances”, and “occupational safety/ergonomics”. When the medical insurance companies are legally obliged to “cooperate to mitigate work-related hazards” under the German Social Security Code (SGB V, §20), in December 1989 the corporate HR department “recommends the formation of a health working group which, in addition to a representative of plant management, should also include the company doctor, a safety expert, plus the Social Welfare Officer and a representative of the company health insurance administration”.¹⁵⁸ This also finally creates the formal basis for the health network in the company.

Crisis management is modified to take account of the new technical solutions available, an individual

emergency concept is drawn up, and specific emergency numbers are introduced for each site.¹⁵⁹ First Aid courses are also included in the offering for employees.

To prevent the so-called ‘diseases of civilization’, together with the Social Welfare Service, the company doctors initiate campaigns surrounding sensitive issues such as alcohol and drug dependency. In 1971 the company doctors launch an anti-smoking campaign among apprentices, as nicotine abuse is on the increase, especially by young adults. The screening of the anti-smoking film “Der Tod gibt eine Party” (Death throws a party) and subsequent discussion with the company doctor are well received.¹⁶⁰

Under the motto “Alkohol – (K)ein Problem?”, Siemens employees are given detailed information about the effects and impact of alcohol. In subsequent years, guidance leaflets are produced, and the subject of addiction is turned from being a taboo into a prevention issue.¹⁶¹ The Siemens-Mitteilungen newsletters also feature articles on this.

Along with the above, familiar issues such as nutrition, exercise and ergonomic workplace design are again of interest. Like the working world itself, they are always in a state of flux and need to be regularly adapted to suit the circumstances. For instance, while it was a priority to offer employees highly calorific food in the post-war years, the health ramifications of this measure – such as obesity – take center stage in subsequent decades.

The basic structures of Company Medical Services laid down 125 years ago undergo many changes over the years, either as the result of new medical insights or changes to work and production processes. But Company Medical Services remains a constant and reliable partner that knows and understands the operating environment.

Opening of the company medical department in Mumbai, Kalwa, 1994



Global health management – Siemens company doctors worldwide

As Siemens grows into a global player, company management decides to provide medical personnel and medical support centers of one kind or another for employees at its expanding sites outside Germany; for example in Austria, France, the United Kingdom, the Netherlands, Portugal and Turkey, as well as in Brazil, China, Iran, Mexico, Pakistan and India.

One of the first centers to open outside Europe is in India. The engagement with occupational healthcare begins here with the construction of a First Aid Center in the Worli plant in Mumbai in 1958. This is followed by an emergency center in the Kalwa plant in 1966, and two years later a medical services department in the administration offices in Mumbai. During these years, physician Dr. Wadhwani works part-time to cover the plants and offers consulting hours three times a week. From 1979 he is engaged to work as a company doctor full-time. In the course of the 1980s, medical services become established, and are then greatly expanded during the 1990s. Dr. Kulkarni, full-time Medical Officer since 1993, commences the modernization of the company medical department into an “Occupational Health Center” in which various healthcare and preventive concepts are realized, for instance, systematic vaccination against tetanus, anti-smoking campaigns, information about infectious diseases, heart attack prevention campaigns, along with programs for stress management, nutrition advice and cancer screening.

Dr. Maria Cristina Nader (2nd from right) and her team in Anhanguera, Brazil, 2013



In 2011 the Indian company medical department also draws up guidelines on how to deal with mental illness, addiction, and other current issues in the field of occupational health.

In comparison with other international sites, with its ten doctors Company Medical Services in Brazil boasts the most personnel in 2011. The provision of medical services begins here in 1975 with the establishment of a department for occupational health and safety. Three years later a company doctor is appointed, with further medical support being provided in the following years as the workforce of Siemens' plants in Brazil rapidly grows. During the 1990s, Company Medical Services is heavily involved in the implementation of the Siemens "Quality of Life" program to improve the health of the workforce. Following changes in the field of occupational, social and environmental medicine, the program is restructured at the beginning of the 2000s and continues to be developed successfully.

Factory doctor – company doctor – occupational health professional – health management

Just as our society evolves over the years and our values and needs change, so too do the tasks of the occupational health professional. Industrial development, ever better technology, and increasing professionalization of the various individual sectors also require more specialization of company doctors. Fundamental occupational health tasks are already defined at Siemens from an early date.

For instance, in 1935 the work profile of a factory doctor is described as follows: He must be a doctor employed full-time in the factory "who cooperates closely with works management, engineers and foremen, and who through daily observation is familiar with the operation of the factory, the production methods, the machinery and the type of work to be performed. [...] Besides these (statutory) prescribed mass examinations, the factory doctor is concerned with monitoring the health of everyone involved in the process: anyone who becomes ill in connection with the work of the factory may seek advice from the factory doctor, after making an

appointment with the factory nurse. [...] The factory doctor is also afforded a wide sphere of activity in matters of clean air in the factory and the training of medical personnel. The factory doctor does not provide any treatment."¹⁶²

Thus the basic definition of the tasks to be performed by company doctors was already created over 75 years ago – with prevention taking center stage. The activities of the company doctor are limited to (also in deference to the concerns of local general practitioners) providing first aid in the event of accidents and to offering advice.¹⁶³

During the post-war economic boom, the company medical departments are expanded not only in terms of personnel. The use of physical therapy options, hydrotherapy baths and even – in the medical center of the Siemens-Reiniger-Werke – the erection of a Finnish sauna are discussed. The company doctor is actively involved in deciding which employees are allowed to take rest cures. Issues such as nutrition, sport, ergonomics and addiction prevention are all routine parts of the

company doctor's job. As more and more Siemens employees need to work abroad, it also becomes necessary to provide healthcare advice for overseas travel.¹⁶⁴ Already in the 1950s, company doctors are informing travelers about potential risks in the destination country, the recommended vaccinations and measures to prevent infection. As they were from the outset, the wide-ranging company medical services provided by Siemens are often still exemplary.¹⁶⁵

For instance, as far back as 1953 the Sociopolitical Department of Siemens & Halske AG and the Siemens-Schuckertwerke AG had already drawn up guidelines on the work of company doctors long before the occupational safety legislation came into force.

The primary objective is to "advise plant managers on questions of occupational health and safety", as well as offer advice to employees about how to look after their health and to check whether they need to change jobs for health reasons.

In its half-yearly report of 1957, the company reports on the involvement of company doctors in specifying the height of seating and desks, as well as workplace lighting, questions of color psychology, and noise mitigation measures when checking office equipment.

The increasing diversity of its business units makes Siemens highly interesting for company doctors from an occupational health point of view:

In 1958 the Sociopolitical Department gives the go-ahead to set up a Commission for Radiological Protection. The Commission for Plastics and the Nutrition Commission are already operating in a company-wide network.

At the conference of company doctors held in Berlin-Siemensstadt in 1979, discussions focus on the shortage of company doctors in Germany, as well as on the occupational health standpoint regarding shift work, display workstations, and aspects relating to

the situation of working women. At the same time, Anton Michl, Department Head of the Personnel & Social Policy corporate department, is already expressing his concern that the "much heralded flood of doctors has not yet reached our factory gates". The reason: too few advanced training opportunities. At the same time, too many experienced doctors are retiring from the profession.

Despite these unfavorable conditions, Company Medical Services continues to develop both organizationally and by extending its specialist expertise. Meetings of company doctors, featuring internal and external speakers, promote the exchange of know-how, which ultimately benefits every employee.

In the operating environment, the interdisciplinary cooperation with other professions concerned with promoting health becomes most important during this period.

The company adapts to the changing conditions with its unfailing strong commitment to social and business responsibility, expanding its activities to include protecting the environment, promoting health, ensuring the safety of its employees, business partners and others involved, as well as preserving natural resources.

To achieve these goals, in 2009 Siemens combines the areas of environmental protection, health management and safety into one Corporate Office for "Environmental Protection, Health Management and Safety" (CHR EHS). Dr. Ralf Franke assumes management of the unit, including the function of worldwide Corporate Medical Director.

Company doctor's office in Munich, 1960



Operationally, doctors, social counselors and sports scientists are grouped into "Health Management" in the Global Shared Services organization. Dr. Friederike Dunkel-Benz, Head of GSS HRS HM, is responsible for national and international health management services.

While many individual activities have been carried out at the various Siemens sites with great success over the years, there is now a binding framework encompassing defined health-relevant issues with respect to the workforce and the organization. An extensive portfolio covers all aspects of modern preventive healthcare: a healthy working environment, mental health, the promotion of exercise, healthy eating, as well as medical care itself.

Designations such as "factory doctor" or "orderly" are now outdated, being replaced by international titles such as "Occupational Health Physician" and "Medical Assistant". However, slogans such as the one coined by Dr. Hans-Günther Schmidt in 1961 "Come back to work on Monday as healthy as you left it on Friday!"¹⁶⁶ are just as relevant today as ever they were.

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