The PERILS of PEACE

The Public Health Crisis in Occupied Germany

JESSICA REINISCH

THE PERILS OF PEACE

The Perils of Peace

*The Public Health Crisis
in Occupied Germany*

JESSICA REINISCH

OXFORD
UNIVERSITY PRESS

OXFORD
UNIVERSITY PRESS

Acknowledgements

Contents

List of Illustrations

Abbreviations

ACC	Allied Control Council
AMFA	Corps d'Administration Militaire Française en Allemagne (French Administrative Corps for Germany)
ASTO	Assimilés Spéciaux pour les Territoires Occupés
BAB	Bundesarchiv Berlin
BAK	Bundesarchiv Koblenz
BAOR	British Army of the Rhine
BBAW	Archiv der Berlin-Brandenburgischen Akademie
Bod.	Bodleian Library
CALPO	Comité Allemagne Libre Pour l'Ouest (Free Germany Committee for the West)
CARE	Cooperative for American Remittances to Europe
CATS	Civil Affairs Training School
CCFA	Commandement en Chef Français en Allemagne
CCG(BE)	Control Commission for Germany, British Element
CDU	Christlich Demokratische Union Deutschlands (German Christian Democratic Union)
CFLN	Comité Français de Libération Nationale (French Committee of National Liberation)
CGAAA	Commissariat Général aux Affaires Allemandes et Autrichiennes (Commissariat for German and Austrian Affairs)
CIAAA	Comité Interministériel des Affaires Allemandes et Autrichiennes (Interministerial Committee on German and Austrian Affairs)
CNR	Conseil National de la Résistance (National Resistance Council)
CNRS	Centre National de la Recherche Scientifique (National Centre for Scientific Research)
COGA	Control Office for Germany and Austria
COL	Archives de l'Occupation Française en Allemagne et en Autriche, Colmar
COSSAC	Chief of Staff to the Supreme Allied Commander
CPSU	Communist Party of the Soviet Union
CRALOG	Council of Relief Agencies Licensed to Operate in Germany
CVP	Christliche Volkspartei des Saarlandes (Christian People's Party of the Saar)
DDP	Deutsche Demokratische Partei (German Democratic Party)
DIWAG	Deutsche Immobilien & Wert AG
DP	Displaced Person
DPS	Democratic Party of the Saar
DVNP	Deutschnationale Volkspartei (German National People's Party)
DVP	Deutsches Volkspartei (German People's Party)
EAC	European Advisory Commission
EUCOM	United States, European Command

FAO	Food and Agriculture Organization
FAU	Friends Ambulance Units
FFI	Forces Françaises de l'Intérieur (French Forces of the Interior)
FIAT	Field Information Agency—Technical
FORD	Foreign Office Research Department
FRG	Federal Republic of Germany
FRUS	Foreign Relations of the United States
GARIOA	Government and Relief in Occupied Areas
GDR	German Democratic Republic
GMZFO	Gouvernement Militaire de la Zone Française d'Occupation (Military Government of the French Zone of Occupation)
GPRB	German Personnel Research Branch
HGA	Hauptgesundheitsamt (Berlin)
HMG	Her Majesty's Government (British)
IA&C	Internal Affairs and Communications (Division)
ILO	International Labour Organization
IWM	Imperial War Museum
JCS	Joint Chiefs of Staff (US)
KPD	Kommunistische Partei Deutschlands (German Communist Party)
KPO	Kommunistische Partei-Opposition (German Communist Party (Opposition))
KPS	Kommunistische Partei Saar (Communist Party of the Saar)
LAB	Landesarchiv Berlin
LGA	Landesgesundheitsamt (*Land* Health Office)
LPD	Liberale Partei Deutschlands (German Liberal Party)
MLS	Mouvement pour la Libération de la Sarre (Movement for the Liberation of the Saar)
MMAA	Mission Militaire pour les Affaires Allemandes (Military Mission for German Affairs)
MOH	Medical Officer of Health (UK)
MOI	Main d'Œuvre Immigrée (Trade Union of Immigrant Workers)
MRC	Medical Research Council
MRP	Mouvement Républicain Populaire (Popular Republican Movement)
MRS	Mouvement pour la Rattachement de la Sarre à la France (Movement for the Reattachment of the Saar to France)
NKFD	Nationalkomitee Freies Deutschland (Free Germany National Committee)
NKVD	People's Commissariat for Internal Affairs (Narodnyy Komissariat Vnutrennikh Del)
NSDAP	Nationalsozialistische Deutsche Arbeiter Partei (National Socialist German Worker's Party)
NYPL	New York Public Library
OMGUS	Office of Military Government, United States
OSS	Office of Strategic Services (US)
OWI	Office of War Information (US)
P&T	Post and Telecommunications
PCF	Parti Communiste Français (French Communist Party)
PHB or PH	Public Health Branch
POW	Prisoner of War

PWD	Psychological Warfare Division (SHAEF)
PWE	Political Warfare Executive (UK)
RAMC	Royal Army Medical Corps
RPF	Rassemblement du Peuple Français (Rally of the French People)
SA	Sturmabteilung (Stormtroopers, the original paramilitary wing of the NSDAP)
SAP	Sozialistische Arbeiterpartei Deutschlands (Socialist Workers' Party)
SBZ	Sowjetische Besatzungszone (Soviet Occupation Zone)
SEAAA	Sécretariat d'État aux Affaires Allemandes et Autrichiennes (State Secretariat for German and Austrian Affairs)
SED	Sozialistische Einheitspartei Deutschlands (German Socialist Unity Party)
SFIO	Section Française de l'Internationale Ouvrière (French Section of the Workers' International)
SGAAA	Sécretariat Général aux Affaires Allemandes et Autrichiennes (General Secretariat for German and Austrian Affairs)
SHAEF	Supreme Headquarters, Allied Expeditionary Force
SMAG (SVAG)	Soviet Military Administration in Germany (Sovietskaya Voyennaya Administracia v Germanii)
SPD	Sozialdemokratische Partei Deutschlands (Social Democratic Party of Germany)
SPS	Sozialdemokratische Partei des Saarlandes (Social Democratic Party of the Saar)
SPSL	Society for the Protection of Science and Learning
TA	Travail Allemand (sometimes Travail Anti-Allemand) (a sector of the Résistance)
TNA	The National Archives, London
UNRRA	United Nations Relief and Rehabilitation Administration
USFET	United States Forces, European Theater
USGCC	United States Group Control Council
USPD	Unabhängige Sozialdemokratische Partei Deutschlands (German Independent Social Democratic Party)
WA	Wellcome Library Archives, London
WOSB	War Office Selection Board
WUL	Warwick University Library Modern Records Centre
ZAC	Zonal Advisory Council (British Zone)
ZVG	Zentralverwaltung für das Gesundheitswesen (Central Health Administration)

1

Introduction

This is the first study to look at public health in Germany in the aftermath of the Second World War, which rigorously compares the four occupation zones and regimes of Great Britain, France, the Soviet Union, and the United States. It juxtaposes the initial assumptions of each occupation power with the way in which realities on the ground forced each to modify its policies and programmes.

In May 1945 the problem of public health confronted millions of people in Europe: those who fell sick; those who cared for sick children, relatives, or neighbours; those who worked as physicians, nurses, or relief workers; and those who attempted to establish a measure of order and administration. Tens of millions of Russians, Germans, Poles, Yugoslavs, Greeks, Italians, and other Europeans had died as a result of war, disease, and famine. Hundreds of thousands of people had died in slave labour camps, and European Jewry east of the Rhine had been practically wiped out. Governments and economies had collapsed. The after-effects of war and foreign occupation comprised not only severe shortages of many living essentials such as food, water, clothing, fuel, and housing, but also grave social, political, and moral uncertainties. The public health situation reflected these problems: the spread of infectious diseases was facilitated by terrible sanitary conditions, widespread malnutrition, growing prostitution, and the mass movement of people across the Continent. This, in combination with the lack of medical supplies and broken infrastructure, concerned politicians and health workers everywhere.

In defeated Germany the potential for public health disasters was particularly severe. The country and its population were in a state of disintegration, exhaustion, and uncertainty. The Allied bombing raids and advancing armies had destroyed significant parts of the German hygiene infrastructure that could have helped to cope with public health problems. Many towns were without clean drinking water, electricity, or gas; garbage was no longer collected. Sanitary conditions deteriorated as sewage spilled through damaged pipes into rivers and lakes, already polluted by unburied corpses. Lice, flies, rats, and mosquitoes bred and multiplied. The people whose houses had been destroyed now lived crowded together in cellars and bomb shelters, easy targets for infectious diseases. Hospitals overflowed with patients, but lacked beds, doctors, nurses, vaccines, and drugs. The movements of millions of people further exacerbated these conditions. The German occupation zones were at the heart of much of this movement: displaced persons; German expellees from the territories now integrated into Poland and Czechoslovakia; prisoners of war and disbanded soldiers; liberated inmates from concentration camps and prisons;

city inhabitants evacuated to rural areas—all now tried to return home or settle somewhere new. These wandering people brought typhus, dysentery, typhoid fever, and venereal diseases with them and facilitated their spread, and the areas they passed through provided a fertile ground for epidemics.

This is a study of how the occupiers' political and economic interventions contained measures to keep their own troops, the displaced, and the ex-enemy population alive and, to some extent, healthy. From the beginning, public health was much more than a medical problem, and encompassed more than medical considerations. While the war was still being fought, German public health was a secondary consideration, an unaffordable and undeserved luxury. Once fighting ceased and occupation duties began, it rapidly turned into a principal concern of the occupiers, recognized by them as an indispensable component of creating order, keeping the population governable, and facilitating the reconstruction of German society. Several years on, public health work provided a means (often unintentionally) to integrate former Nazis into German society. The public health problem was, throughout the post-war era and in all occupation zones, closely linked to much broader questions regarding how the defeated population should be treated, how Nazism could be eradicated, and who should, and could, be sought out as collaborators, helpers, and allies. The work of the British, American, French, and Soviet public health teams in Germany was, at this time of turbulence and political upheaval in the aftermath of the Nazi regime, shaped by concerns about economic recovery, and political tensions and uncertainty in the early stages of the Cold War.

This study also examines the responses by the German medical profession, which in the immediate aftermath of war was shaken up by deliberations about its identity, credibility, and legitimacy. When Allied programmes for the cleansing of German society from Nazi influence were being initiated, Germans in all zones tried to distance themselves from the Nazi regime. Many attempted to place themselves in the context of acceptable German traditions by locating the origins of medical and public health practice in German activities dating from before 1933. As a number of contemporary observers, Allied and German, pointed out, this search for a positive identity by German doctors often attempted to conceal substantial continuities from the Nazi era into the post-war period.

THE HISTORICAL CONTEXT

The story begins at the point at which the Big Three—Britain, the Soviet Union, and the United States—began to give thought to the treatment of Germany after its defeat. In a series of conferences from 1943 onwards, the three heads of government and their foreign ministers not only agreed on war strategies, but also determined the basic character of the post-war occupation. Their primary focus at this time was on how Germany could be defeated and the war ended; all other issues were of secondary importance. But even if not much agreement was reached beyond the fact of a joint Allied occupation of Germany, the reduction of German

territory, and the division of the country into zones, these were important decisions which circumscribed and determined the occupiers' subsequent conduct. Each of the occupiers was to receive one zone of control. France was invited later to join the occupation, primarily upon British insistence. Berlin was to be occupied jointly. A dispute over whose troops were to capture the capital continued until the final months of the war; nonetheless, the Red Army launched its attack on Berlin in April 1945. Later that month, American and Soviet troops linked up at Torgau on the river Elbe.

Military governments in each zone began to administer and control their areas even before the German army's formal capitulation on 8 May 1945. Their occupation territories were clearly demarcated, as agreed at the wartime conferences (see Fig. 1.1): Soviet troops controlled the area roughly east of the Elbe, an area that contained Berlin (although Berlin itself was to be divided up, each occupier taking control of one sector); British forces occupied the Rhineland and the Ruhr; the American armies controlled southern Germany and Bavaria as well as two enclaves on the North Sea; the French occupied a comparatively smaller area of south-west Germany near the French border.

In the weeks and months after the end of war, a complex military government apparatus was established in each zone, at the top of which stood the military governor and his staff. Since the central German government and most regional and local authorities had collapsed, military government officers were now responsible for administrating their zones even on the most basic questions. They regulated political, economic, and social life in each zone through a series of laws, regulations, and directives. They appointed Germans to carry out administrative work, and over the course of the next few years, the German state bureaucracy gradually took shape from the local level upwards, as political parties were reformed and German officials began to take over responsibilities from the occupying powers. Local elections were held first in the American zone in January 1946. The British, French, and Soviet zones followed with elections in September 1946.

The chapters in this book follow this broad chronology. Part I (Chapters 2, 3, and 4) examines how the occupiers and some instrumental groups of German physicians and health officials approached future occupation duties and the problem of health; Part II (Chapters 5 to 8) contrasts public health work in each of the zones in the first four years of the occupation, and shows how it often diverged wildly from the plans that were made at the start.

Chapter 2 considers how, while the war was still in full swing, the Allies approached the public health problem of a post-war Germany. The chapter shows how official plans for health operations were limited by the prevalent concepts that guided occupation aims and principles: Germany was to be treated as a defeated and conquered nation, and public health, just like other kinds of reconstruction work, was limited by the provision that it had to be based entirely on existing German economic resources, personnel, and administrative structures, paid for by the Germans. Many public health issues were not touched on at all in these plans. They were to be the responsibility of the German health officers, under supervision by military government teams.

Figure 1.1. OMGUS map of occupied areas of Germany, with zones and *Länder*

During the war, British and American policy-makers were influenced by a belief that a prevalent national character had shaped much of German history and limited what could be achieved under Allied occupation. The consequences of this notion of a national psychological make-up were particularly tangible in the realm of public

health. At the beginning of the occupation, it resulted in the non-fraternization policy, which prescribed that occupation troops were to avoid contact with German civilians beyond that which was officially sanctioned and absolutely necessary. But this conflicted with the basic realities of public health work: health officers' work demanded that they cooperate with the Germans under their control; yet according to the rules of non-fraternization any contact had to be explicitly justified.

If there really was a national German psyche, could there be any potential German friends and collaborators to support Allied aims? Chapter 3 shows that the notion of a German national character was one of the considerations that underlay the rejection by Britain and the United States of any substantial cooperation with German émigrés. This, too, shaped public health work after 1945. By contrast, French and Soviet conclusions about the use of émigrés were different, fuelled by greater material and personnel shortages. The national character concept played only a marginal role in Soviet plans for Germany, and Soviet officials worked with politically loyal German émigrés who promised to work in Soviet interests. The French authorities, too, made use of émigrés who supported their own political programme. Continuing these themes, Chapter 4 examines German debates about public health in two very different institutions based in Berlin. It shows that the notion of a distinct German character sat uneasily with a shared conviction among the western health officers that medical work was fundamentally apolitical and that German doctors suffered unfairly under denazification.

Together, the chapters in Part II ask how, given these tensions, denazification was applied concurrently with emergency public health work. Once they arrived in Germany, military government officials were often overwhelmed by the extent of physical destruction in the cities and the fact that no functioning German administration was available to assume public health responsibilities. In response, health officers in all zones began to modify or even reject completely their guidelines on occupation conduct. Part II shows that a focus on public health work can help to pinpoint when and how British, American, Soviet, and French approaches to the German problem were adjusted and transformed in the course of the post-war period. At the outset, plans had provided only for minimal and short-term involvement by Allied officers in German public health work. But once the occupiers' armies arrived in Germany, a powerful argument about the primary importance of public health was formulated by them and their German colleagues.

The most immediate health concerns during this initial period were the problem of spreading infectious diseases and the possibility of these turning into European, even global, epidemics; the problem of rocketing rates of venereal diseases and their threat to the occupying troops; and the problem of malnutrition and starvation. The occupiers' epidemic and venereal disease control suggests that, throughout the post-war period, public health work in Germany remained tied up in contradictions. Typhus and dysentery, gonorrhoea and syphilis threatened the occupation armies, and potentially the world population at large, almost as much as the Germans. The occupiers had to consider whether the dangers to Allied health warranted that German doctors once loyal to the Nazis should be left unpunished, or whether the abandonment of efforts to remove them compromised world security. They also had to decide whether precious resources should be diverted from

other countries who had suffered enormously during the war, for Germany's benefit. These kinds of questions were even harder to answer when it came to diseases that affected Germans without threatening their neighbours, such as those resulting from malnutrition. Allied health officers expressed concern about whether, given their at least implicit and often explicit complicity in Nazi crimes, the German population deserved food imports, especially when this meant that other populations would not be getting their share. Some also questioned whether the German health officials and their data could be relied upon, because they might have been trying to paint a bleaker picture than the reality warranted in order to get a better deal for Germany.

Public health work was primarily conducted separately within each occupation zone, despite the fact that the Potsdam Protocol set out that uniform standards were to be applied jointly for all four zones. The Allied Control Council (ACC)— which convened for the first time in June 1945 and began its work properly in the autumn of that year—was the forum in which joint policy for Germany was supposed to be made and agreed by the four occupation powers. At the meetings of the ACC's Health Committee officials discussed how public health measures could be coordinated between the zones. But from the beginning, the reconciliation of the different occupiers' priorities and strategies was fraught with problems. At the Potsdam conference it was agreed that the ACC could act only by unanimous consent of the four representatives. However, France never accepted the Potsdam Protocol in full. Early on in the life of the ACC a French veto blocked all schemes which treated Germany as a political and economic unit, with the immediate result that German administrations were formed independently for each zone. Later, a Soviet veto prevented agreement on other fundamental questions. As the occupiers' relationships became increasingly strained, their joint administration of Germany broke down. In this climate, the occupation zones, and public health work at zonal, regional, and local levels, took on a significantly different character.

The occupation landscape changed dramatically when the British–American Bizone became effective in January 1947. In the months that followed, the differences between East and West increased substantially. Anglo-American policy, eventually also joined by the French, now focused on rebuilding Germany as a bulwark against communism, while Soviet efforts began to be directed towards the creation of an Eastern Bloc. In this mobilization of allies and supporters, both sides finally discarded many of the remaining restrictive policies for Germany and replaced them with new objectives. For public health this meant a transformation of priorities away from the removal of former Nazis towards a cooperation with Germans and the production of fit, healthy, and happy German workers and citizens. Local administrators and elected politicians in each zone took over the vast bulk of responsibilities, and the military governments shrunk to a fraction of their initial sizes.

The key moment in the American-led reorientation of Anglo-American economic policy, which bookends this study, was the Marshall Plan, announced in June 1947, followed a few months later by a new Soviet economic policy for Germany and the decision to establish the Cominform. Marshall aid and new

political priorities also helped to repair the formerly fraught relationship of America and Britain with France, and in March 1948 the French occupation territory was added to the Bizone to create a single economic unit. In the same month, the ACC was effectively dissolved. Out of protest against the currency reform in the western zones in June 1948, the USSR launched a full blockade of the surface routes to the western sectors of Berlin. The famous airlift kept the besieged city supplied until the autumn of the following year. The divisions hardened further when in September 1949 Trizonia became the Federal Republic of Germany (FRG), followed in October 1949 by the creation of the German Democratic Republic (GDR) out of the Soviet zone.

THE HISTORIOGRAPHICAL CONTEXT

Writing about the Second World War seems to have no end. Apart from the apparently insatiable popular and academic interest in the Second World War, the historiographical output also reflects the wealth of archival sources, particularly in the wake of newly opened Soviet and Eastern European archives and the release of formerly classified French, British, and American material. But public health—which, as the occupiers were to discover soon after their arrival, quickly became fundamental to all other occupation aims and agendas—has received remarkably little detailed historical attention.[1]

What do we know about the occupation years? Much of our understanding of the years 1945 to 1949 has been shaped by the many autobiographies and memoirs of the occupation era published since the late 1940s. One of the most influential insights to come out of these accounts is the notion of the 'successful pragmatism' of the American and British occupations. For example, William Strang, political adviser to the commander-in-chief of the British occupation forces in Germany, Field Marshall Montgomery, praised the 'single-minded devotion' of military government staff; the 'skill, good humour and common sense with which they were guiding the local German administrations which were growing up under their care might be fairly said to derive from a traditional aptitude for government'. 'I also thought', he added, 'that they reflected credit upon those who, while the war was still being fought, had planned and conducted the courses of instruction under which these staffs had been trained.'[2]

Michael Balfour, a member of the British Element of the Control Commission for Germany in Berlin (CCG(BE)), reminisced in similar terms. He thought that American policy towards Germany was marked by enthusiasm and common sense. 'Their respect for the scientific method', he said, 'has led them to believe that a solution can be found for all problems provided they are approached in the right

---

[1] One notable exception concerns the problem of venereal diseases. See Annette F. Timm, *The Politics of Fertility in Twentieth-Century Berlin* (Cambridge, 2010). Norman Naimark, *The Russians in Germany: A History of the Soviet Occupation, 1945–1949* (Cambridge, Mass., 1997), 97–101.

[2] William Strang, *Home and Abroad: An Autobiography* (London, 1956), 230.

way and with the necessary determination.' 'One of their greatest strengths', he thought, was 'their urge to "get cracking" '.[3] The British, too, had much to celebrate. The Foreign Office and the policy unit at Chatham House had managed to steer clear of an impractical, overly coercive German policy on one hand, and an overly lenient approach on the other.[4] Much of the credit had to go to Churchill himself, who by 'humane good sense rather than well-organised briefing . . . prevented the British people from falling for any of the cheap-jack solutions'.[5] The Western Allies, Balfour argued, should be proud of their results: it was 'no small achievement to have prevented civil war and any widespread degree of epidemic diseases or starvation from breaking out in Germany'—and all this was 'largely due to strenuous, well-conceived, and, in the main, disinterested efforts on the part of the individual Allied officers, and to generous aid from America and Britain'.[6]

American accounts often sounded remarkably similar. Robert Murphy, political adviser to both Eisenhower and Lucius Clay (and William Strang's counterpart), fondly remembered Clay's no-nonsense approach.[7] He was 'an excellent engineer and administrator', who knew that the first step had to be 'to get things running again'; next, the zone had to be made as self-sufficient as possible. While Clay constantly battled against his superiors' unwillingness to lift restrictive political shackles, in the end, and '[d]espite all the handicaps imposed upon OMGUS, the Americans nevertheless managed in a short time to bring order out of chaos in our zone'. Unlike the other occupiers, Murphy noted, the 'Americans had relatively few bitter memories and so could approach the reconstruction of our zone in a businesslike manner'.[8]

Memoirs from lower-ranking soldiers stationed in Germany provide complementary insights. Their daily lives were filled with battles against bureaucratic or bigoted authorities on the one hand, and prospering relationships between the occupiers and the occupied population on the other. Consider, for example, the account by Leon Standifer, published in 1997, who, as a 21-year-old GI stationed in Bavaria in 1945, got into harmless mischief and exciting scrapes, during which he acquired a thorough understanding of the Germans and the German problem. 'During the occupation period', he noted, 'most of us had come to like the German people—men, women and children. They were cleaner, friendlier and more trustworthy than the French we had known during the war . . . [T]he Germans had been good soldiers and would make good civilians.'[9]

---

[3] Michael Balfour, 'Four Power Control in Germany', in Balfour and John Mair, *Four Power Control in Germany and Austria, 1945–1946* (Oxford, 1956).
[4] Balfour, 'Four Power Control in Germany', 29.
[5] Balfour, 'Four Power Control in Germany', 35.
[6] Balfour, 'Four Power Control in Germany', 63.
[7] Robert Murphy, *Diplomat Among Warriors* (London, 1964).
[8] Murphy, *Diplomat Among Warriors*, 359. Also see Lucius Clay, *Decision in Germany* (London, 1950).
[9] Leon Standifer, *Binding Up the Wounds: An American Soldier in Occupied Germany, 1945–1948* (Baton Rouge, La., 1997), 81. Norman Hidden, *Liaison Officer: Germany and the Anglo-US Occupation, 1946–1947* (Clydesdale, 1993). Wilfred Byford-Jones, *Berlin Twilight: On Life under the Allied Occupation* (London, 1947). Claude Hector Dewhurst, *Close Contact: An Account of the Author's Experiences as Chief of the British Mission to the Soviet Forces of Occupation in Germany, 1951–1953* (London, 1954).

A certain picture of American and British occupation officers emerged in these memoirs which historians have generally adopted. Businesslike, full of energy, humour, and common sense, with a keen eye for what needed to be done, they rolled up their sleeves and 'got cracking'. As a result, as the historian Anthony Nicholls maintained, after spring 1945 they 'increasingly discarded' old myths 'as common sense prevailed'.[10] Many studies of the occupation years thus begin with a list of all that was destroyed or broken in 1945—both items of physical destruction (roads, factories, and hospitals) as well as more elusive damage (the electoral system and public morale)—and end with much of it having been fixed, after strenuous effort. Credit is particularly lavished upon the officers who helped to erect buildings, cleared roads, repaired utilities, planned cities and roads, handed out welfare and relief packages, organized economic reforms and, of particular concern in this book, those who cared for the sick.[11]

Nowhere has this focus on the laudable British and American pragmatism been more visible and enduring than in studies of health and medicine in post-war Germany, which offer celebratory accounts of the practical successes achieved by health officers and doctors 'against all the odds'.[12] And while since the mid-1980s scholars have critically re-examined some fields of Allied policy (particularly denazification, education, and industrial policy), scholarship on public health and medicine has largely escaped revision. Even relatively recent studies continue to praise American and British health officers for preventing epidemic outbreaks and thereby helping the Germans back on their feet. Some authors even reiterate the notion that health and medicine were by their very nature free from political concerns. In fact, the issue of public health is often still treated as a fundamental element of the success of the western occupation—an occupation which continues to be treated as an exemplary accomplishment in comparison to later, less successful, ventures.[13] An often implicit subtext is that the Anglo-American medical officers and their German collaborators were somehow more pragmatic and professional, and thus better able to sidestep the growing political entanglements, than their non-medically or non-scientifically trained colleagues.[14] Together with individuals such as Lucius Clay, engineer by training, they ensured that common sense prevailed.

---

[10] Anthony Nicholls, 'The German "National Character" in British Perspective', in Ulrike Jordan (ed.), *Conditions of Surrender: Britons and Germans Witness the End of the War* (London, 1997), 7.

[11] e.g. on city planners, see Jeffry M. Diefendorf, *In the Wake of War: The Reconstruction of German Cities after World War II* (Oxford, 1993).

[12] BAK, Z45F, 5/323-3/2, Philip Beckjord, 'Post-War Developments in the Public Health of Austria, 1945–1949', Oct. 1949, 3–4.

[13] e.g. Hans-Ulrich Sons, *Gesundheitspolitik während der Besatzungszeit: Das öffentliche Gesundheitswesen in Nordrhein-Westfalen, 1945–1949* (Wuppertal, 1983). Andreas Dinter, *Seuchenalarm in Berlin: Seuchengeschehen und Seuchenbekämpfung in Berlin nach dem zweiten Weltkrieg—Auszüge aus der Dissertation 'Die Seuchen im Berlin der Nachkriegszeit, 1945–1949'* (Berlin, 1999). Sabine Schleiermacher, 'Gesundheitspolitische Traditionen und demokratische Herausforderung: Gesundheitspolitik in Niedersachsen in 1945', in Wolfgang Woelk and Jörg Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland: von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002), 266.

[14] e.g. F. S. V. Donnison, *Civil Affairs and Military Government in North-West Europe 1944–1946* (London, 1961), esp. 232, 455. Also see Robert S. Anderson, *Preventive Medicine in World War II*, v. *Communicable Diseases Transmitted Through Contact or by Unknown Means* (Washington, 1960), e.g. 109–10, 253, 326–8.

Approaches to the occupation era have changed over time. Accounts written before the mid-to late 1980s differ substantially from later studies. Older histories insist that, on one hand, the British and Americans were unfettered by ideological impulses and thus achieved praiseworthy results, while on the other hand, the Soviet and French occupation programmes were ideologically driven, chaotic, and harmful to democratic principles. Only recently have scholars begun to question this unbalanced assessment of the occupiers, although many of the older assumptions still persist.

Let us briefly examine these positions. On one hand, many older studies asserted that the British and American occupiers simply let the Germans in their zones get on with their reconstruction, a notion which still underlies many histories of the early years of the Federal Republic of Germany.[15] Hans-Ulrich Sons contested the claim that the occupation period constituted a break with older German traditions in the realm of public health.[16] Other authors have argued that although some ideas on public health re-entered Germany in 1945 with the Americans on German soil, these were ideas that had earlier been imported from Germany to America in the first place, and thus were actually 'native'.[17] Similarly, in the British case, studies have maintained that developments were entirely separate from those in Britain, as a result of which the traditional German social security system and much else was preserved in its entirety.[18] Overall, scholars have argued that, as Stefan Kirchberger put it, the Americans and British did not bring 'a special political interest to the German health system. Insofar as this area was not affected by a general regulatory ordinance (i.e. denazification)—or, rather, insofar as the political responsibility of the German agencies was not already limited by general provisions—the Western Allies left health policy to the Germans.'[19] Although histories of the Americanization of West German society and culture have for some time pointed to a more involved and less benign influence of the western occupiers, histories of public health and medicine long failed to follow suit.[20]

---

[15] e.g. in mild form, in Hermann Graml, *Die Alliierten und die Teilung Deutschlands: Konflikte, Entscheidungen, 1941–1948* (Frankfurt, 1999).

[16] Sons, *Gesundheitspolitik während der Besatzungszeit.*

[17] Ruth Mattheis, 'Der öffentliche Gesundheitsdienst in der Nachkriegszeit: Reorganisation und zukunftsorientierte Ansätze', in Akademie für öffentliches Gesundheitswesen in Düsseldorf (ed.), *50 Jahre Gesetz über die Vereinheitlichung des Gesundheitswesens* (Düsseldorf, 1984), 44. Klaus-Dieter Müller, 'Die Ärzteschaft im staatlichen Gesundheitswesen der SBZ und DDR 1945–1949', in Robert Jütte (ed.), *Geschichte der deutschen Ärzteschaft: Organisierte Berufs- und Gesundheitspolitik im 19. und 20. Jahrhundert* (Cologne, 1997), 243–74.

[18] H. G. Hockerts, *Sozialpolitische Entscheidunge in Nachkriegsdeutschland: Alliierte und Deutsche Versicherungspolitik, 1945 bis 1957* (Stuttgart 1981). On a re-evaluation of British social security ideas for Germany after 1948, see Ulrike Lindner, *Gesundheitspolitik in der Nachkriegszeit: Grossbrittanien und die BRD im Vergleich* (Munich, 2003).

[19] Stefan Kirchberger, 'Public Health Policy in Germany, 1945–1949: Continuity and a New Beginning', in Donald Light and Alexander Schuller (eds.), *Political Values and Health Care: The German Experience* (Cambridge, Mass., 1986), 199.

[20] e.g. Alexander Stephan (ed.), *Americanisation and Anti-Americanisation: The German Encounter with American Culture after 1945* (London, 2004).

On the other hand, both the Soviet and French occupations have long received bad press (albeit for different reasons) in both the German and the English-speaking literatures. From the beginning, American and British memoirs recorded that Russian soldiers were allowed, even encouraged, to exact vengeance, and to 'loot, pillage, rape, and murder'. As Leon Standifer, then a young American GI in Bavaria, remembered: 'No comparison [to the American occupation] is possible.'[21] At the political level, scholars have long maintained that Soviet policies were from the start aimed at transforming the Soviet zone of Germany into something resembling the Soviet system; that the Soviet occupiers attempted to 'Sovietize' the Germans in the east.[22] In the realm of health, authors writing at the height of the Cold War focused exclusively on the political and ideological content of East German health policy, and detected in it a deliberate imitation of Soviet structures. The weight of these studies focused on the analysis of the East German health care system after 1949, but many specifically identified the first occupation years as an instrumental period in the Sovietization of health policy. For example, according to Wilhelm Weiß, the Soviet zone's health ministry was 'an exclusively political organ, where specialists have no say'.[23] Furthermore, 'the principal function of the state organs of the health system in the Soviet zone is the introduction and maintenance of Bolshevism in this area of public life. The actual specialist responsibilities are, in the eyes of the Communist authorities, only of secondary significance.'[24] As Udo Schagen has shown, a number of medical officers who left the Soviet zone (and later the GDR) and started new careers in the West contributed substantially to these studies under Weiß's name, although they were not acknowledged as co-authors.[25]

Central elements of this perspective have survived into the 1980s. Renate Baum argued that it was clear from the start that 'East Germany would receive a social order patterned on that of the Soviet Union', whereas in the western occupation zones 'public health and welfare policy was more or less a reinstatement of pre-war conditions'.[26] In these terms, the claim that the health system of the GDR was imposed by the Soviet authorities and modelled on Soviet institutions has frequently served as a direct criticism, as 'implicit proof' that it was unsuitable for German conditions.[27]

[21] e.g. Standifer, *Binding Up the Wounds*, 205–6.
[22] For an early example in this extensive literature, see e.g. John Peter Nettl, *The Eastern Zone and Soviet Policy in Germany, 1945–1950* (London, 1951).
[23] Wilhelm Weiß, *Das Gesundheitswesen in der sowjetischen Besatzungszone* (Bonn, 1952), 9.
[24] Weiß, *Das Gesundheitswesen*, 11.
[25] Udo Schagen, 'Kongruenz der Gesundheitspolitik in der Sowjetischen Besatzungszone?', in Woelk and Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland*. For similar arguments, see e.g. Hans Harmsen (ed.), *Zur Entwicklung und Organisation des Gesundheitswesens in Sowjetrussland, in Osteuropäischen Volksdemokratien und in Mitteldeutschland* (Hamburg, 1975). Hans Harmsen (ed.), *Gesundheitspolitische Aufgaben in der DDR und UdSSR* (Hamburg, 1978). Gerhard Baader, 'Politisch motivierte Emigration deutscher Ärzte', *Berichte der Wissenschaftsgeschichte*, 7/2 (1984), 67–84, citation 9.
[26] Renate Baum, 'Out of the Rubble: Political Values and Reconstruction', in Donald W. Light and Alexander Schuller (eds.), *Political Values and Health Care: The German Experience* (Cambridge, Mass., 1986), 241–2.
[27] Kirchberger, 'Public Health Policy', 189.

Even in more recent works a fundamental problem remains. In order both to offset the celebratory East German assessments and to fill the vacuum created by the continued absence or inaccessibility of Soviet records, scholars regularly cite East German dissidents not simply as commentators on, but as evidence for, the shortcomings of Soviet policies. Accounts by Wolfgang Leonhard—graduate of the Comintern school in Moscow who returned to Berlin with the Red Army, and since 1949 a well-known dissident—feature in practically every discussion of the early life of the GDR, but often without any comment on his perspective, claims, and motives.[28] In the realm of public health, accounts by Barbara von Renthe-Fink (vice-president of the Soviet zone's Central Health Administration, before moving to West Berlin in 1949), among others, have been given exaggerated weight.[29]

The French occupation zone was long written off as a failure. At the beginning it was the harsh and uncompromising French policies and matching behaviour of French troops which dominated commentaries on France's conduct as an occupying power. In November 1945 *The Times* noted that, 'unlike the British and Americans', the French had 'lived through the rigours, humiliations, and terrors of five [*sic*] years of German occupation. Now that the roles are reversed, it would be indeed surprising if what the French have suffered did not sometimes influence their bearing now.'[30] But other commentators were less sympathetic. Accounts of French soldiers' rape and pillage in the early days of the occupation, and of the pompous feasts and lavish parades organized by the French military commander-in-chief, General Jean de Lattre de Tassigny, became shorthand for an image of the French as the most revengeful, exploitative, ruthless, and aloof of the western occupiers—very different from the pragmatic British and Americans.

This verdict survives unchallenged in much of the academic literature, particularly that written by German scholars.[31] Boosted by unfavourable comparisons with the British and American zones as much as by scathing French accounts of French procedures, studies insisted that the territory occupied by France was marred by chaos and an ill-advised and ill-executed occupation programme.[32] In the first of a five-volume history of the FRG, the politician and political scientist Theodor Eschenburg noted disdainfully that the French had treated their zone as a 'colony of exploitation' (*Ausbeutungskolonie*), ruled by a 'military and administrative "tyranny"'.[33] Where the Russians had built an 'iron curtain' to sever ties between their zone and the rest of the

---

[28] e.g. Eric D. Weitz, *Creating German Communism, 1890–1990: From Popular Protests to Socialist State* (Princeton, 1997). Most quoted is Wolfgang Leonhard, *Die Revolution entlässt ihre Kinder* (1955; 21st edn. 2003). English trans. *Child of the Revolution* (1955).

[29] Often cited are Barbara von Renthe-Fink, 'Das Gesundheitswesen in der deutschen Ostzone', *Ärztliche Mittelungen*, 36 (1951), 98–102; Renthe-Fink, *So alt wie das Jahrhundert: Lebensbericht einer Berliner Ärztin* (Frankfurt, 1982). On Renthe-Fink, see Atina Grossmann, *Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920–1950* (Oxford, 1995).

[30] 'In the French Zone', *The Times*, Friday, 30 Nov. 1945.

[31] For an important exception, see F. Roy Willis, *The French in Germany* (Stanford, Calif., 1962) and *France, Germany and the New Europe* (Stanford, Calif., 1968).

[32] e.g. Klaus-Dietmar Henke, 'Politik der Widersprüche: Zur Charakteristik der französischen Militär-regierung in Deutschland nach dem Zweiten Weltkrieg', in Claus Scharf and Hans-Jürgen Schröder (eds.), *Die Deutschlandpolitik Frankreichs und die Französische Zone, 1945–1949* (Wiesbaden, 1983).

[33] Theodor Eschenburg, *Jahre der Besatzung: 1945–1949* (Stuttgart, 1983), 96.

country, the French had separated their territory just as decisively by a 'silk curtain'.[34] According to many scholars, the zone's biggest problem was that it always lagged behind developments in the American and British zones, until it finally joined the Bizone in 1949. With the end product (the creation of a West German Republic) in mind, many studies ignore the French zone entirely, and justify their neglect because it was the smallest and least important of the zones, eventually subsumed by the Anglo-American project.

More balanced analyses of the Soviet and French occupation regimes have appeared since the end of the Cold War. Works on the Soviet zone, for example, have begun to refine or even abandon the Sovietization model. Combing the archives for evidence on Soviet strategies and procedures, scholars have brought into focus a shift in Soviet policy in 1947–8—before which it is misleading to talk of a deliberate Sovietization policy, and after which it needs to be understood in the context of wider political and security concerns.[35] They also point out that the interpretation of Soviet German policy as a Sovietization project obscures the substantial shared agreement between the occupiers on matters such as demilitarization and even denazification.[36] Assessments of the French occupation have also shifted, particularly since the opening of the French archives in the mid-1980s. Studies now attempt to understand French policy in its own terms, aided by the fact that they no longer have to rely solely on British and American documents (which portrayed the French authorities as a nuisance) or German records (which were unreflectively negative about French policy). Whereas the earlier works focused on France's political repression, and the economic exploitation of the zone, historians now argue that the French occupation programme contained important and successful policies for German renewal, reform, and democratization. They point to the fields of culture and education, where French achievements formed the basis of the subsequent rapprochement between France and the FRG, and thus shaped the history of European security and the European Union.[37]

The history of medicine has remained largely hermetically sealed from these re-evaluations of the occupiers' projects and experiences.[38] However, since the fall

---

[34] Eschenburg, *Jahre der Besatzung*, 94. The concept of a 'seidene Vorhang' (silk curtain) first appeared in *Die Zeit* in 1947.

[35] e.g. Naimark, *Russians in Germany*. Jürgen Kocka (ed.), *Historische DDR-Forschung: Aufsätzte und Studien* (Berlin, 1993). Alexander Fischer (ed.), *Studien zur Geschichte der SBZ/DDR* (Berlin, 1993). Also Gabriele Moser, *'Im Interesse der Volksgesundheit …': Sozialhygiene und öffentliches Gesundheitswesen in der Weimarer Republik und der frühen SBZ/DDR—ein Beitrag zur Sozialgeschichte des deutschen Gesundheitswesens im 20. Jahrhundert* (Frankfurt, 2002).

[36] Jeanette Michelmann, *Aktivisten der ersten Stunde: Die Antifa in der Sowjetischen Besatzungszone* (Cologne, 2002).

[37] e.g. Stefan Zauner, *Erziehung und Kulturmission: Frankreichs Bildungspolitik in Deutschland 1945–1949* (Munich, 1994). Edgar Wolfrum, '"La Mission culturelle"—Medienpolitik der französischen Besatzungsmacht und die Rolle von Remigranten', in Claus Dieter Krohn and Axel Schildt (eds.), *Zwischen den Stühlen? Remigranten und Remigration in der deutschen Medienöffentlichkeit der Nachkriegszeit* (Hamburg, 2002).

[38] e.g. on doctors in the Soviet zone, see Klaus-Dieter Müller, 'Die Ärzteschaft im staatlichen Gesundheitswesen der SBZ und DDR 1945–1949', in Robert Jütte (ed.), *Geschichte der deutschen Ärzteschaft: Organisierte Berufs- und Gesundheitspolitik im 19. und 20. Jahrhundert* (Cologne, 1997), 243–74.

---

of the Berlin Wall in 1989 German scholars have produced new insights by focusing on German continuities, in the medical field as in other areas. Where older works promoted the differences and incompatibilities between the FRG and the GDR, since reunification studies emphasize their shared traditions.[39] They now point to a range of new institutions and health reforms which originated during the 1920s, the apparent heyday of public health, and their re-emergence in both German states after 1949. Much of this work is motivated by very contemporary concerns, sometimes unapologetically so. As Jens Alber declared in 1989: 'He who wants to understand the welfare state of the Federal Republic has to return to its history and ask when and under what conditions the individual institutions of today's socio-political framework were created'[40]—and many medical historians, in particular, have heeded his call.

The growing historiography on medicine and public health in the Third Reich has further refined our understanding of these German traditions. A number of studies have shown that many of the social democratic and communist health reformers of the 1920s did not actually return to Germany from exile abroad.[41] Paul Weindling and others have demonstrated that the glowing assessments of the progressive Weimar era ignore the significant presence of eugenics and other notions later developed by the National Socialists after 1933, as well as the many fierce political differences between different factions of social hygienists.[42] Together, these works highlight continuities of the post-1945 states with both the Weimar Republic *and* the Third Reich, and undermine the claim that the year 1945 formed a Zero Hour (*Stunde Null*) as a radical break and new start. The output of the last ten years presents a specifically German account of the history of health and medicine. The narrative tends to begin with Bismarckian social security concepts, before zooming in on health policy developments in the Weimar Republic, and briefly in the Third Reich, and tracing the legacies of these traditions in the post-war era up to the 1960s and 1970s.[43]

The history and histories of Germany are being rewritten as older Cold War perspectives are being dismantled. Although not all pay specific attention to the years 1945–9, the more recent works have tended to minimize the influence of the four occupiers on German society. As Jeffrey Herf has argued, the impact of the occupation years consisted perhaps less in the importation of new ideas about liberal

---

[39] e.g. Thomas Elkeles et al. (eds.), *Prävention und Prophylaxe: Theorie und Praxis eines gesundheitspolitischen Grundmotivs in zwei deutschen Staaten, 1949–1990* (Berlin, 1991).

[40] Jens Alber, *Der Sozialstaat in der Bundesrepublik 1950–1983* (Frankfurt, 1989), 46; also quoted in Woelk and Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland*, 14.

[41] e.g. Gerhard Baader, 'Politisch motivierte Emigration deutscher Ärzte', *Berichte der Wissenschaftsgeschichte*, 7/2 (1984), 67–84. Michael Hubenstorf, '"Aber es kommt mir doch so vor, als ob Sie dabei nichts verloren hätten": Zum Exodus von Wissenschaftlern aus den staatlichen Forschungsintituten Berlins im Bereich des öffentlichen Gesundheitswesens', in Wolfram Fischer et al. (eds.), *Exodus von Wissenschaften aus Berlin—Fragestellungen, Ergebnisse, Desiderate. Entwicklungen vor und nach 1933* (Berlin, 1994).

[42] Paul Weindling, *Health, Race and German Politics Between National Unification and Nazism, 1870–1945* (Cambridge, 1989).

[43] e.g. see the essays in Woelk and Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland*.

democracy or communism to Germany, than in the creation of new conditions where old German ideas and traditions could re-emerge and flourish after the hiatus of the Third Reich.[44] In other words, both similarities and differences between the zones were the product not so much of the occupiers' input, but rather of the self-conscious rearticulation of different aspects of the German heritage.

This study, by contrast, argues that the arrival of the four occupation armies marked a crucial moment in German history, and their visions for and actions in Germany in the years after the war deserve closer examination. Even as some uneven assessments of the older historiography are being refined, other assumptions have persisted precisely because of a lack of comparison of the different occupation regimes. To this day the British, American, Soviet, and French occupation policies and experiences are rarely examined in the same context in any depth.[45] In fact, as scholars' fields of vision have become ever narrower and more localized, they only rarely consider whole occupation zones, let alone compare them. Instead, they study regions, cities, and towns.[46] While for a long time this lack of comparison was the result of an underlying notion of the different regimes' fundamental incomparability, increasingly it reflects the practical problems associated with having to manage vast amounts of often very uneven archival material.[47]

The following chapters examine the policies, priorities, experiences, and encounters of the occupiers' health officers with Germans in all four zones. They try to overcome not just academic and temporal divisions, but also geographic and political ones, by situating the problem of public health in the broader context of post-war Germany. They show that the relatively specific focus on public health can shed light on the occupation period much more generally. Public health was central to the functioning of the occupation zones in the aftermath of the war, a period where the occupiers and the German population collided, and where different priorities were debated at length.[48] This study aims to present a much more balanced assessment of the four occupation regimes. Why was it that the same, apparently practical and technical, questions concerning the solution to public

---

[44] Jeffrey Herf, *Divided Memory: The Past in the Two Germanies* (Cambridge, Mass., 1997). 4.

[45] Studies that do compare entire occupation zones, sometimes with other countries, are often unsatisfactory—e.g. Kirchberger, 'Public Health Policy'. Andrew Szanajda, *Indirect Perpetrators: The Prosecution of Informers in Germany, 1945–1965* (Lanham, Md., 2010).

[46] On public health, see e.g. Thomas Bauer, *Vom 'stede arzt' zum Stadtgesundheitsamt: Die Geschichte des öffentlichen Gesundheitswesens in Frankfurt am Main* (Frankfurt, 1992). Ulrike Lindner, '"Wir unterhalten uns ständig über den Milchpfennig, aber auf die Gesundheit wird sehr wenig geachtet": Gesundheitspolitik und medizinische Versorgung 1945 bis 1972', in Thomas Schlemmer and Hans Woller (eds.), *Bayern im Bund (Band I): Die Erschließung des Landes 1949 bis 1973* (Munich, 2001). Doris Foitzig, '"Sittlich verwahrlost": Disziplinierung und Diskriminierung geschlechtskranker Mädchen in der Nachkriegszeit am Beispiel Hamburgs', *Zeitschrift für Sozialgeschichte des 20. und 21. Jahrhunderts*, 12/1 (1997), 68–82.

[47] On recent discussions about comparative history, see Philipp Ther, 'Beyond the Nation: The Relational Basis of a Comparative History of Germany and Europe', *Central European History*, 36/1, (2003) 45–73. Heinz-Gerhard Haupt and Jürgen Kocka (eds.), *Comparative and Transnational History: Central European Approaches and New Perspectives* (Oxford, 2009).

[48] e.g. compare with Dagmar Ellerbrock, 'Die kulturelle Konstruktion der neuen Ordnung: zum Zusammenhang von Demokratisierung und Gesundheitspolitik in der amerikanischen Besatzungszone', in Christian Groh (ed.), *Öffentliche Ordnung in der Nachkriegszeit* (Ubstadt-Weiher, 2002), 109–25, at 110.

---

health problems in the defeated, occupied Germany were initially answered so differently by the different occupation powers? Conversely, why, after the occupiers' arrival in Germany, did they come to some remarkably similar conclusions? The answers, as the following chapters will show, do not just lie in the fields of diplomatic relations and inter-state political conduct, but also in the social, cultural, and ideological setting of the occupation projects.

PART I

ALLIES AND GERMANS

2

A Hard Peace? Allied Preparations for the Occupation of Germany, 1943–1945

> I have said, and say again, that the German nation needs the most drastic cure in history, and that, if it is not applied, the world will die of the German disease...[W]e are not concerned with all old, unhappy, far-off things but with what Germany has done to her neighbours in our century, and how and why.[1]

The problem of what was to be done with Germany after its defeat had been under consideration since at least December 1941 and the Japanese attack on Pearl Harbor. In the course of the next three years, the British, American, and Soviet leaders—not yet joined by the French—debated in a series of conferences and summits the principles that were to guide their post-war treatment of, and conduct in, the defeated country. These deliberations shaped the course of the post-war era: Germany would be occupied, stripped of its military and industrial capabilities, and cleansed of Nazi influences. It would be asked to pay compensation to those countries who had suffered. Most importantly, it would be prevented from threatening peace and stability again.

After spring 1943, when the 'unconditional surrender' formula was agreed, plans focused primarily on the organization of military governments and the appointment of leading officers and their staffs. Planners also began to draft arrangements for problems such as the handling of prisoners of war, civil internees, and displaced persons; the control of German agriculture, industries, and mines; and the coordination of military government departments with German local and regional governments. In addition, some gave first thought to the denazification of German authorities, while others drafted plans for the operation of basic public health services on German soil. These plans posited that public health work, both in the short and long term, was to be conducted by existing German authorities (therefore only indirectly a concern of the occupiers), but they noted that some military government-directed epidemic work would have to proceed at the early stages and was a crucial element of the occupation.

---

[1] Robert Vansittart, *The Leopard and the Spots: Selected Extracts from 'Lessons of my Life'* (Win the Peace Pamphlet No. 1; London, [1944]), 81.

For much of the war the only significant preparations for occupation took place in Washington and London: both governments had staffs familiar with the administration of overseas colonies and territories, both were able to devote manpower and resources to the problem of Germany and were willing to collaborate with each other. The Soviet government, by contrast, concentrated on the war effort itself and was distrustful of Anglo-American motivations and agendas. The French government-in-exile not only did not feature as an occupying power until later, but had few resources to contribute to these efforts. Only later did the Soviet and French authorities rush to catch up, often by copying and adapting British and American plans and policies.

This chapter analyses the Allied plans for the post-war occupation of Germany. It shows that decisions and agreements reached in Washington and London fundamentally shaped the entire occupation framework until the creation of the two German Republics in 1949, and beyond—a fact about which the Soviet and French leaders later frequently complained. Recurring themes on 'the German problem', particularly the belief in a dominant and totalitarian national German character, influenced these preparations and conditioned the early stages of the occupation. Public health officers faced a number of dilemmas: their efforts to prevent the spread of infectious diseases had to proceed in a country under strict military control; Germany had to restrict its industrial capacities and pay compensation to its victims, but without damaging the health of its population. These problems were exacerbated by the fact that public health work among the German population initially ranked far below more pressing military and political priorities.

AMERICAN AND BRITISH PLANS FOR THE OCCUPATION OF GERMANY

(i) Starting premises

General guidelines for the political treatment of Germany crystallized in the course of the wartime meetings and conferences of the Big Three. Within these parameters planning staffs in London and Washington worked out detailed directives for specific issues. From the start there were tensions between the United States, Britain, and the Soviet Union, but some basic purposes and assumptions bound them together: they agreed that, in the interest of world security, Nazism had to be defeated and Germany's war potential had to be destroyed. The principle of an 'unconditional surrender', announced at Churchill and Roosevelt's meeting in Casablanca in January 1943, signalled that the Allies would fight until they had achieved Germany's total defeat; no successors to the National Socialist government would be able to negotiate the terms of peace. Fears that this formula would prolong the war notwithstanding, Roosevelt and Churchill insisted that the mistakes of the First World War were not to be repeated, that the German population would be dealt with

firmly.[2] But, apart from these general premises, the conferences of Casablanca, Moscow, and Teheran left open many questions of future Allied policy in Germany. Even the work of the inter-Allied European Advisory Commission (EAC), a body set up to coordinate future occupation policy, suffered from a general lack of certainty as to what should happen.[3]

Separate British and American bodies, such as the British Foreign Office and its Research Department (FORD) and the US War Department's Civil Affairs Division, conducted research on Germany's existing governmental structures and drafted plans for future administration. These plans were integrated and coordinated in Anglo-American organizations such as the offices of the Chief of Staff to the Supreme Allied Commander (COSSAC), later turned into the G5 Division of the Anglo-American joint command Supreme Headquarters Allied Epeditionary Force (SHAEF). Public health came under the aegis of 'civil affairs'. Some of these preparations began immediately after the outbreak of war, but the early work concentrated almost exclusively on war strategy. From the end of 1941, much of the planning work was overseen by the newly created Combined Chiefs of Staff Committee. This body, responsible to the British prime minister and the American president, produced plans for an invasion of the European continent and the shape of military governments.

Some of this work concerned itself with the training of future military government officers. Barely half a year after the United States had entered the war, the first School of Military Government opened its doors on the campus of the University of Virginia in Charlottesville to train officers for work in civil affairs headquarters. Here, the 'stress was on military government problems and their solution in terms applicable to a large variety of local situations, but under conditions basically like those in Burma and Bulgaria in that they involved an occupying army and an indigenous enemy—or allied—population'. Foreign language instruction was not part of this training, and the 'foreign area study' was 'sketchy and only suggestive of many possible situations in different parts of the world'.[4] By June 1943, less generic training commenced in (eventually) ten Civil Affairs Training Schools, known as CATS, all based at universities who appointed a civilian director. Courses were taught by specialists in fields such as local government, farming, industry, commerce, public welfare, public safety, and public health. Courses for work in Europe lasted between eight and twelve weeks, and up to six months for the Japanese programme. The director of the Central European area programme of

[2] On reservations, see e.g. Alfred Vagts, 'Unconditional Surrender: Vor und nach 1943', *Vierteljahreshefte für Zeitgeschichte*, 7 (1959), 279–309. Friedrich argued that the call for an unconditional surrender only had propaganda functions, see Carl Joachim Friedrich (ed.), *American Experiences in Military Government in World War II* (New York, 1948). Also see Ian Kershaw, *The End: Hitler's Germany, 1944–1945* (London, 2011).

[3] On the EAC, see Boris Meissner, 'Die Vereinbarungen der Europäischen Beratenden Kommission über Deutschland von 1944/45', *Aus Politik und Zeitgeschichte*, 46 (1970), 3–14. Hans-Günter Kowalski, 'Die European Advisory Commission als Instrument alliierter Deutschlandplanung, 1943–1945', *Vierteljahreshefte für Zeitgeschichte*, 19 (1971), 261–93. David Reynolds, 'Roosevelt, the British Left and the Appointment of John G. Winant as United States Ambassador to Britain in 1941', *International History Review*, 4 (1982), 393–413.

[4] John Brown Mason, 'Lessons of Wartime Military Government Training', *Annals of the American Academy of Political and Social Science*, 267 (Jan. 1950), 183–92, at 184.

the CATS at Stanford, John Brown Mason, explained that 'attention was paid to the kind of knowledge and local points of view that would help the civil affairs officer to understand the people with whom he must deal and to meet effectively the problems which he was likely to encounter. These needs called for special attention to the study of national psychology, political customs and philosophies, religious convictions and outlooks, inherited attitudes, pattern of thought (or non-thought) acquired under the monopolistic propaganda of Nazism, recent history, and so forth.' However, even here, Mason argued, not enough consideration was given to the particularities of individual countries. More seriously, Mason argued in 1950 that the differences between military government in enemy and Allied countries were 'not sufficiently appreciated during training', and '[w]hile the occupation of Allied countries would be necessary, it would also be temporary and of a basically different character [from that in enemy countries]'. Here, 'problems would be quite different from those encountered in enemy states, they called for other attitudes and methods.'[5]

After relatively slow beginnings, planning for the occupation and training of military government officers accelerated rapidly in the aftermath of the Casablanca conference of January 1943, which confirmed that Germany's borders would be changed as conquered territories would be returned, that dismemberment or some kind of division into zones was likely, and that the Allies would occupy the country for a significant but unspecified period of time. The Casablanca meeting also made clear that occupation forces would have to supervise basic administrative functions until a central German government could be reinstalled.

After Casablanca, preparations concentrated on the division of responsibilities within the military government machinery. Initially, it was to be based on the organization of the British and American armies, and then to be turned into a Control Commission, mirroring the organization of German local government. The term 'military government' originally referred to the sum of all occupation troops in Germany, but was increasingly used to describe occupation officers in the different zones.[6] These bodies quickly produced a deluge of acronyms: the British contingent was the Control Commission for Germany (British Element), or CCG(BE); the American the United States Group Control Council, USGCC, later turned into the Office of Military Government, United States, known as OMGUS. The Soviet operation was to be the Sovietskaya Voyennaya Administracia v Germanii, SVAG, or Soviet Military Administration in Germany, SMAG. When at the last minute the French were added, they administered their zone through the Commandement en Chef Français en Allemagne, the CCFA, and the Gouvernement Militaire de la Zone Française d'Occupation, referred to as GMZFO.

The commanders-in-chief from each of the occupying powers—Dwight Eisenhower, Bernard Montgomery, and Georgy Zhukov (eventually joined by Pierre Koenig)—were to form the highest authority in each zone. They were to decide

---

[5] Mason, 'Lessons of Wartime Military Government Training', 185, 189.
[6] Balfour, 'Four Power Control in Germany', 92–107.

Germany-wide questions within the Allied Control Council (ACC). The ACC's directorates and the departments of the occupation authorities in each zone were to mirror the relevant German authorities, to which they would leave the execution of policy. German ministries were to be seized on surrender and continued under Allied control. The administration of civil affairs (which included public health) was to be part of the many responsibilities of the Internal Affairs and Communications Division.

As plans for these structures emerged during the second half of 1943 and 1944, planning staffs also began to compile manuals and handbooks to familiarize officers with German history, major German institutions, and Allied policy. Most were not overtly political, but they frequently incorporated popular and academic analyses of the German problem, such as the identification of Prussia as the source of fascism and authoritarianism, the existence of a pervasive militarist tradition, and the psychological nature of Nazism, analogous to the mental state of schizophrenia (of which the carrier was often unaware). A guide on 'The Mentality of the Germany Officer', for example, set out to 'trace the development of [the German's] curious mentality through earlier years'. It discussed issues such as the influence of German traditions on military officers, German attitudes to the Versailles treaty, German officers' obsession with 'honour', and how to manage German soldiers after defeat. It concluded that while Allied troops had to prepare themselves for dealing with the Germans' 'ferocious fanaticism' and 'contempt of moral restraint', their assignment was assisted by the likelihood of 'fierce factional splits among them', which, 'combined with the fact that the Germans as liars are clumsy and transparent (far inferior to the Latins)', would make their work easier.[7]

A paper entitled 'The German Character' explained to Allied troops some of the attributes of the German psyche, such as 'an abnormal respect for authority', 'an inferiority complex due in part to Germany's late start as a nation, a guilt complex resulting from misdeeds, and at the same time an awareness of great gifts and talents'. The 'average German', this paper stated, had a tendency towards 'fanatical extremist tendencies' and an 'unswaying loyalty' to leaders, which meant defeat was likely to lead to reactions such as 'hysteria, running amok, killings and destruction of others or self'. In what was later to become an important theme in the selection and appointment of Germans to administrative jobs, the paper insisted that the population could not be 'divided into two classes, good and bad Germans'. Rather, there were 'good and bad elements in the German character, the latter of which generally predominate'. The paper also warned that Allied officers should not be deceived by Germans' attempts to befriend occupation officers, as they would try to divide the occupation powers.[8] The paper also included a list of 'Some Do's and Don't's', spelling out how Allied officers were to conduct themselves (see Fig. 2.1).

[7] TNA, FO 371/46864, 'The Mentality of the German Officer', Brigadier W. E. van Cutsem (Research Branch, Control Commission for Germany), 15 Jan. 1945.
[8] TNA, FO 371/46864, 'The German Character', Brigadier W. E. van Cutsem, 9 Mar. 1945.

- 6 -

Some Do's and Don't's

Do's	Don't's
Do give orders.	Don't make requests.
Do be firm.	Don't be weak.
Do see orders are carried out promptly and to the letter, and ensure severe punishment if they are not.	Don't try and be kind or conciliatory; it will be regarded as weakness.
Do drop immediately and heavily on any attempt to take charge or other forms of insolence.	Don't be put off or led into arguments, discussion or "agreements".
Do play your part as a representative of a conquering power and keep the Germans in their place.	Don't be imposed upon or put up with the second best, or show any aversion to another war if Germany does not learn her lesson this time.
Do display cold, correct and dignified curtness and aloofness.	Don't show hatred; hatred will be interpreted as a sign of fear, the Germans will be flattered and their inferiority complex will disappear.
Do remember the Germans will try to arouse and to organise sympathy towards themselves, and that the main cause of dissatisfaction will be because they have lost the war.	Don't let any natural sympathy in what you may see affect your sense of proportion, and thereby forget what the Germans have done to others without shame or repentance.
Do be on your guard against attempts to curry favour at the expense of our Allies - the Germans will depreciate us to them. Do take immediate action to stop such attempts and see that the results are publicly known.	Don't take anything a German says in the course of duty at its face value and don't accept a word of honour in such circumstances. Don't trust members of former ruling classes including emigres.
Do use English in your official dealings with the Germans.	Don't try to air your knowledge of German.
Do learn German and all you can about Germany and the Germans.	Don't rely on influential German officials or private persons to give facts to you
Do try to find out facts for yourself.	Don't imagine you will know everything after a few months or that the German character will have changed in this time.
Do all you can to create a lasting impression, by convincing the Germans of the superior ability, determination and strength of others.	

Do Remember you are a Herrenvolk.

Figure 2.1. 'Some Do's and Don'ts', British Control Commission paper 'The German Character', 9 March 1945

In addition to these manuals, planning staffs compiled a series of handbooks and technical guides.[9] The German refugee Francis Carsten was one of a group of native German speakers recruited by the British Political Warfare Executive to assist in their preparation. He was told, he remembered later, that '[t]hey didn't want to be caught unprepared as in the case of the First World War'. Carsten was involved in the preparation of the *Basic German Handbook*, which, he remembered, 'contained factual information on Germany—National Socialist Germany as well as pre-Nazi Germany—on administration, legal system, educational system, Nazi political organisations' background, et cetera'. Carsten and his colleagues were briefed not 'to give any political advice, being enemy aliens. This was left to the Foreign Office and the Ministry of Economic Warfare.' Instead, he and his fellow refugees 'were only to provide factual information on what was the state of affairs in Germany and what was the situation a British officer coming into a German town would find there as regard to local government or local education or public utilities or whatever'. The handbooks, Carsten remembered, were widely distributed and very popular, since 'the large majority of these British officers who went into Germany had no knowledge of German and so this was all they could rely on when they went in'.[10]

In the last year of the war, instructions and guidelines were displayed most prominently in the SHAEF *Handbook for Military Government*. Drafts from April and June 1944 attempted to lay out concisely the methods by which military government officers were to administer and supervise German affairs.[11] Officers would have to ensure that the German governmental machinery ran efficiently, and this would best be achieved if the centralized German administrative system was retained. It was likely that the Allies would have to subsidize German economic development for some time, and that a range of commodities and relief supplies would have to be imported.[12] Although these drafts acknowledged that food would be scarce all over Europe, they nonetheless set the target for German rations at 2,000 calories per person per day, i.e. at the same level set for the populations of the non-Axis liberated countries. An August 1944 draft of another handbook, the *Manual for Administration and Local Government in Germany*, made similar recommendations: it stated that because the war damage in Germany was likely to be extensive, it was in the interests of Allied officers to focus on resolving housing and

---

[9] Some of these are discussed by Ulrich Reusch, *Deutsche Berufsbeamten und britische Besatzung: Planung und Politik 1943–1947* (Stuttgart, 1985).

[10] IWM Sound Archive, 4483/03, interview with Frances Ludwig Carsten, 2 Oct. 1979. Also see Volker Berghahn, 'Francis L. Carsten, 1911–1998', *Geschichte und Gesellschaft*, 25 (1999), 504–10.

[11] TNA, WO 220/220, 'SHAEF Military Government Handbook for Germany: Prior to Defeat or Surrender'. For a later version, see TNA, FO 371/39166. This handbook has been much discussed in the older historiography on Allied planning, mainly because of its role in the Morgenthau controversy. See e.g. Earl F. Ziemke, *The U.S. Army in the Occupation of Germany, 1944–1946* (Washington DC, 1975). F. S. V. Donnison, *Civil Affairs and Military Government in North-West Europe 1944–1946* (London, 1961). Harry L. Coles and Albert Weinberg, *Civil Affairs: Soldiers Become Governors* (Washington, DC, 1964).

[12] See Pogue in Donnison, *Civil Affairs*, 200.

economic problems.[13] A number of scholars' recommendations strengthened this conclusion. The Harvard sociologist Talcott Parsons, for example, argued in 1944 that lasting 'institutional change' demanded 'a policy of fostering a highly productive, full-employment, expanding economy for Germany. The inherent tendencies of the modern, industrial economy are such that if this is achieved its influence on institutional change will be automatically in the right direction.'[14]

However, a number of factors complicated and slowed the preparation of concrete plans. Germany's future was just one of many Allied preoccupations. Numerous strategic decisions had to be made regarding campaigns and operations in North Africa, France, Italy, Poland, and the Soviet Union, and arrangements for the redeployment of troops to the Pacific. Britain was heavily dependent on American credits and would have to urgently rebuild its export trade. The future of Germany was vital, certainly, but as Michael Balfour, a member of the British Element of the Control Commission in Berlin, remarked: 'Giving the German question the importance due to it was easily confused with favouring the cruel enemy at the expense of the unfortunate victim.'[15]

The coordination of the different Allied governments' diverging interests was at times difficult, but internal divisions were also significant. The Roosevelt administration was divided by a long-running struggle between the Department of State and the War Department, which centred largely on the role of the armed forces in occupation and military government. The War Department argued that 'the demands of military necessity and unity of command' precluded civilian responsibilities, and that it was impossible for civilian agencies to operate independently until military operations had been completed.[16] To counter that, ideological objections about the wisdom of giving political power to soldiers were voiced repeatedly, but by November 1943 Roosevelt eventually directed the War Department to take charge of planning, because it was 'quite apparent that if prompt results are to be obtained the Army will have to assume the initial burden'.[17] While it had not been proven that civilians would not perform occupation duties better than soldiers, the argument that they could not perform them at all during a world war and its aftermath was powerful and influential.[18]

The American debates over occupation responsibilities were mirrored, to a lesser degree, by differences between the British government's War Office and Foreign Office. Responsibility for the administration of Germany was tossed back and forth between them because of changing ideas on the nature of military occupation. Until March 1944, the occupation was to be supervised by the War Office; then a revision handed responsibility to the Foreign Office, until in June

---

[13] BAK Z45F, 44-45/3/1, 'Manual for Administration and Local Government in Germany', draft prepared by the Branch of the Interior Division, German Country Unit, 19 Aug. 1944.

[14] Talcott Parsons, 'The Problem of Controlled Institutional Change', discussed by Uta Gerhard, *Talcott Parsons: An Intellectual Biography* (Cambridge, 2002), 116–17.

[15] Balfour, 'Four Power Control in Germany', 14.

[16] Kenneth O. McCreedy, 'Planning the Peace: Operation Eclipse and the Occupation of Germany', *Journal of Military History*, 65/3 (July 2001), 713–40, at 717.

[17] Roosevelt to Stimson, quoted in McCreedy, 'Planning the Peace', 718.

[18] Ziemke in McCreedy, 'Planning the Peace', 718.

1945 the War Office took over again. In October 1945 a special agency, the Control Office for Germany and Austria (COGA) was set up to coordinate the two. However, military government officers continued to report directly to the Foreign Office, bypassing the War Office and particularly COGA, which was dissolved soon after its establishment.[19] However, British officials, just like their American colleagues, ultimately came to the conclusion that civilian responsibility for the administration of an occupied country was, for the near future at least, not viable.[20]

As a result of these divisions, both governments were constrained by the prevailing uncertainties and displayed great unwillingness to commit to any specific directions too early. Both Roosevelt and Churchill delayed firm decisions. In October 1944, Roosevelt told his Secretary of State, Cordell Hull, that it was 'all very well for us to make all kinds of preparations for the treatment of Germany, but there are some matters in regard to such treatment that lead me to believe that speed on these matters is not an essential at the present moment...I dislike making detailed plans for a country which we do not yet occupy.'[21] Churchill voiced similar reservations. As late as February 1945, he argued that it was 'much too soon for us to decide these enormous questions...I shall myself prefer to concentrate upon the practical issues which will occupy the next two or three years, rather than argue about the long-term relationship of Germany to Europe...There is...wisdom in reserving one's decision as long as possible and until all the facts and forces that will be potent at the moment are revealed.'[22] 'Practical issues' such as war strategy and specific operations in France and Germany were prioritized, and preparations for the future of a defeated Germany were marked by a lack of direction and an unwillingness to commit.[23]

(ii) The Morgenthau Plan

Up to this point, preparations were conducted by two well-oiled bureaucratic machines, while the political leaderships were distracted by more urgent problems and unwilling to commit to any specific proposals. In both Washington and London, civil servants drew upon a familiar set of procedures while preparing for the German occupation: they trained staff, conducted research into likely scenarios, compiled handbooks. The result was a set of preparations similar in tone and substance to plans produced for other countries, with little strategic thought about what the Allies wanted to achieve in Germany.

---

[19] Eva Mayring in Wolfgang Benz (ed.), *Deutschland unter alliierter Besatzung, 1945–1949/1955: Ein Handbuch* (Berlin, 1999). Also see Adolf Birke et al. (eds.), *Akten der britischen Militärregierung in Deutschland, Control Commission for Germany, British Element, Sachinventar* (Munich, 1993).

[20] Donnison, *Civil Affairs*, 9.

[21] Roosevelt, quoted in Robert Murphy, *Diplomat Among Warriors* (London, 1964), 281.

[22] Winston Churchill, *The Second World War, Abridged Edition with an Epilogue on the Years 1945 to 1957* (London, 2002), 879–80.

[23] Snell has termed this a 'policy of postponement'. See John L. Snell, *Wartime Origins of the East–West Dilemma over Germany* (New Orleans, 1959).

It was in this context that in August 1944 the Morgenthau Plan entered the planning arena, when Henry Morgenthau, secretary of the US Treasury, prepared a comprehensive scheme on the political and economic treatment of Germany after surrender.[24] He criticized what he perceived to be a widespread emphasis in American circles on German 'reconstruction'. Such tendencies, he maintained, could be identified in the official memoranda. The SHAEF *Handbook* seemed to convey the impression that a transformation of Germany could be achieved by forbidding National Socialism and improving living conditions. If these directives were to guide American conduct, Morgenthau argued, any change of German society was going to be superficial and temporary. Germany's participation in a third world war could not be prevented by the kind of controls that had been imposed after 1918. Experience had shown that factories converted to peacetime production could always be converted back; that the destruction of industries only had a temporary effect; and that banning Nazism would only drive it underground. Allied military governments would not be able to supervise Germany for ever.[25] Policy in Germany would have to be fundamentally different from operations in countries liberated from Nazi control.

The key to the German problem, according to Morgenthau, lay in economics. Germany would only become peaceful if it was transformed into an agrarian society, if its industrial base was stripped away, and if the industries vital to military strength were dismantled and transported to other nations as a form of restitution. A military occupation would have to prevent their re-establishment, and would have to continue for at least twenty years. During this time Germany should receive no economic aid. In fact, the Allies should *not* 'assume responsibility for such economic problems as price controls, rationing, housing, or transportation, or take any measure designed to maintain or strengthen the German economy, except those which are essential to military operations'.[26] Conditions should not be allowed to be better than those prevailing in Germany's poor and war-ridden neighbours.

The fate of the Morgenthau Plan is well known. Roosevelt initially supported it, but the Foreign Office, the State Department, and a series of economic advisers objected to at least some of its proposals. Reparations would have to be extracted in a more viable way, they argued, or else Germany would become a heavy burden on Allied governments and taxpayers. Although the plan was never fully or even partially implemented, a number of (primarily German) historians have ascribed to it great influence.[27]

---

[24] Herny Morgenthau, *Germany Is Our Problem* (New York, 1945).
[25] See Balfour, 'Four Power Control in Germany', 18.
[26] Morgenthau, *Germany Is Our Problem*, 22.
[27] Its effects are overstated in e.g. James Bacque, *Other Losses: An Investigation into the Mass Deaths of German Prisoners of War After World War II* (1989; London, 1991); James Bacque, *Crimes and Mercies: The Fate of German Civilians Under Allied Occupation 1944–1950* (London, 1997); Kurt Keppler, *Tod über Deutschland: Der Morgenthau Plan* (Tübingen, 1971). It is considered unimportant in e.g. McCreedy, 'Planning the Peace'; Donnison, *Civil Affairs*. More balanced assessments are given by John H. Backer, 'From Morgenthau Plan to Marshall Plan', in Robert Wolfe (ed.), *Americans as Proconsuls: United States Military Government in Germany and Japan, 1944–1952* (Carbondale, Ill., 1984), 155–65. Bernd Greiner, *Die Morgenthau-Legende: Zur Geschichte eines umstrittenen Plans* (Hamburg, 1995).

It did have a number of consequences. Most importantly, the debates it triggered signalled to planners that the occupation of Germany was different from other Allied projects. Some of the plan's premises and specific clauses were taken up in later policy. The notion of a 'Carthaginian peace' (similar in spirit to the settlement imposed by the Romans on Carthage), gave some shape to the vague formula of 'unconditional surrender'. Specifically, German living conditions (and features such as the health service) were now treated as part and extension of the German state's war machine, to be dealt with accordingly. This proved to be of fundamental importance for the planning of public health operations. In the absence of other clear directions, the plan signified a move towards a 'hard peace'. Aspirations of toughness predominated thereafter, and handbooks and outline plans were rewritten to conform to these new standards. Planning staff's wariness of going beyond the political premises of a 'hard peace' resulted in a lack of policy in many areas, which was preferable to the accusation of having exceeded 'the bounds of strict military necessity'.[28]

From September 1944, preparations were different in tone. They emphasized the differences between liberated countries and Germany, and declared that the standard of living could not be allowed to be higher in Germany than elsewhere. In that month, after the third and fourth drafts of the SHAEF *Handbook* were withdrawn as 'too soft', the Combined Chiefs of Staff ordered that all existing work on Germany was to be supplemented by three principles. First, no steps towards the economic rehabilitation of Germany were to be undertaken; the responsibility for maintaining existing conditions lay exclusively with German authorities. Second, no relief supplies were to be imported or distributed beyond the minimum necessary to prevent disease and disorder, and only insofar as these might hamper military operations. This was particularly crucial to the planning of health work. Third, all Nazis and Nazi sympathizers were to be punished systematically and all Nazi organizations were to be dissolved.[29] Subsequent editions of the *Handbook* incorporated these principles. As a result, the later drafts of the public health section of the *Handbook* focused on the pervasiveness of Nazi ideology in the health service, rather than, as before, the achievements and successes of German public health and social medicine before 1933.[30]

At the same time, General Eisenhower, supreme commander of the Allied Forces in Europe, instructed his forces in September 1944 in just these terms about the conduct of the occupying forces in Germany.[31] A few months later, a December 1944 directive on the 'procedures to be employed in the military government of occupied Germany' spelled out the new guiding principles. The 'essence' of Allied policy was that 'no effort will be made to rehabilitate or succor the German people. Rather, sole aim of the Military Government is to further military objectives.' It went on:

---

[28] McCreedy, 'Planning the Peace', 720.
[29] Donnison, *Civil Affairs* (1961), 201–3.
[30] Dagmar Ellerbrock, *'Healing Democracy': Heilende Demokratie* (Bonn, 2004), 68 ff.
[31] BAK, Z45F, 3/153-3/15, Eisenhower to the Army Groups, subject: 'Policy, Relationship between Allied Occupying Forces and Inhabitants of Germany', 12 Sept. 1944.

All planning, direction and instruction by US elements concerning military govern-
ments should be guided by this policy which reflects firm US views as known in this
Headquarters. Principal points to be emphasized are the following:

a. Germany will not be 'liberated', but occupied as a defeated nation.

b. The German people will be made to realize that all necessary steps will be taken to
  prevent any further attempt by them to conquer the world.

c. No steps will be taken looking toward the economic rehabilitation of Germany nor
  designed to maintain or strengthen the German economy except those needed to
  prevent epidemics or serious diseases and serious civil disorder which would endan-
  ger the forces and to prevent the dissipation or sabotage of German equipment
  required for Allies countries.[32]

This focus was vital, the directive stated, because '[r]eports from the field indicate
that the Military Government Detachments and G5 staffs of subordinate forma-
tions are inclined to try to do too much to relieve the problems of the German
people. There seems to be a disposition to approach the administration of Germany
with the idea that it is our job to make Germany a "happy land" again. It is essen-
tial that all Military Government personnel be disabused of this concept.' Finally,
it added, the 'position of this Headquarters is equally firm with regard to
fraternisation'.[33]

The Morgenthau Plan also left traces in the major planning directive which
guided the American occupation until 1947, the document known as JCS 1067.[34]
This directive underwent numerous draft editions, reflecting the process of work-
ing out a compromise between the various views within the US government. Its
final version (the eighth) was issued to Eisenhower on 14 May 1945. It contained
measures on the reorganization of industry and administrative structures, but over-
all emphasis was placed on the prohibition of attempts to facilitate or aid German
recovery. Although a major purpose of occupation was to bring democracy to
Germany, the country was to be treated as a 'defeated enemy'. 'It should be brought
home to the Germans', it stated, 'that Germany's ruthless warfare and the fanatical
Nazi resistance have destroyed the German economy and made chaos and suffering
inevitable and that the Germans cannot escape responsibility for what they have
brought upon themselves.'[35]

The directive instructed Eisenhower that Germany 'will not be occupied for the
purpose of liberation but as a defeated enemy nation. Your aim is not oppression
but to occupy Germany for the purpose of realizing certain important Allied objec-
tives. In the conduct of your occupation and administration you should be just,

---

[32] BAK, Z45F, 44-45/3/1, Chief of Staff (G5, SHAEF) to G5 12th Army Group, G5 6th Army
Group, and CO European Civil Affairs Division, subject: 'policy in occupied Germany', 11 Dec.
1944.
[33] See n. 32.
[34] 'Directive of the United States Joint Chiefs of Staff to the Commander-in-Chief of the United
States Forces of Occupation regarding the military government of Germany', Apr. 1945, in Beate
Ruhm von Oppen, *Documents on Germany Under the Occupation, 1945–1954* (London, 1955).
[35] 'Directive of the United States Joint Chiefs of Staff', Apr. 1945, 15.

---

but firm and aloof. You will strongly discourage fraternization with the German officials and population.'[36] Finally, it emphasized that responsibility for all matters of German survival, welfare, and government would have to be shouldered by German officials. Assistance from the occupation forces in the provision of food and relief goods was limited to the minimum necessary 'to prevent disease and unrest'. There were clear implications for public health work: health operations had to be oriented towards military necessity, and the burden of work had to be carried by German authorities. 'You will estimate the requirements of supplies necessary to prevent starvation or widespread disease or such civil unrest as would endanger the occupying forces,' JCS 1067 instructed Eisenhower, and

> [s]uch estimates will be based upon a program whereby the Germans are made responsible for providing for themselves, out of their own work and resources. You will take all practicable economic and police measures to assure that German resources are fully utilized and consumption held to the minimum in order that imports may be strictly limited and that surpluses may be made available for the occupying forces and displaced persons and United Nations prisoners of war, and for reparation. You will take no action that would tend to support basic living standards in Germany on a higher level than that existing in any one of the neighboring United Nations.[37]

PLANS FOR PUBLIC HEALTH

(i) Public health as 'civil affairs'

Preparations for public health work in the countries liberated or occupied by the Allied armies came under the aegis of 'civil affairs', which, apart from public health, included issues such as the distribution of relief supplies, the liaison with local religious representatives, the care of displaced persons, the establishment of basic civil administrations, and the restoration of police and justice systems. Civil affairs ranked relatively low down in the hierarchy of military plans, suffering not only from the vague and shifting political objectives that affected all planning, but also from the fact that priority was given to combat operations. In his official history of the British civil affairs teams, F. S. V. Donnison observed that civil affairs staffs were often seen as an obstacle to military success. Even though their concerns were going to be essential for the period after defeat, it was 'sometimes hard for a commander to see Civil Affairs officers in this light. At a time when he is bending all energy and resources to the overcoming of his enemy, Civil Affairs staffs can easily appear as impediments rather than aids to his operations. . . . [T]hey frequently are demanding "lift" for relief supplies, protesting against requisitioning (or looting), standing up for the minimum rights and amenities of the civil population. In fact, these activities are intended to facilitate longer term military operations. But for the commander there may be no long term operation if

---

[36] 'Directive of the United States Joint Chiefs of Staff', Apr. 1945, 16.
[37] 'Directive of the United States Joint Chiefs of Staff', Apr. 1945, 22.

he fails in the immediate battle.'[38] As a result, civil affairs staffs were not fully accepted into the military hierarchy and were treated as 'quasi-civil poor relations'. The British army divisions, Donnison noted, contained some 'extremely able officers…, with a sprinkling of regular soldiers. But many tended to be eccentrics, skilled in some little-known or faintly ludicrous employment, but hopelessly unmilitary, and some even anti-military. Or else, somewhat naturally, they were the weaker members rejected from the more active units. All Civil Affairs officers were likely to be a little elderly. A General Officer delivering an inaugural address at the Civil Affairs staff centre seemed to see seated before him all those officers whom he had, over the past months, been at pains to weed out from under his command.'[39]

Donnison did not discuss public health, but his observations also apply to this field. The records from American and British public health staffs show that their work suffered from a low ranking in the military hierarchy. Public health operations, especially those dealing with civilian populations, were widely seen as secondary considerations. Public health often fell into the gap between military and civilian authorities' responsibilities, as a result of which there were many overlapping agencies, but a shortage of officers and field personnel.[40] The fact that the American Public Health Branch's request to be represented on the USGCC Planning Coordinating Section was turned down was symptomatic of its low status.[41] Their representation was undesirable, came the response, because '[i]f such an officer were detailed for this field of secondary importance we could expect to be flooded by requests from special staff sections and the services who have much more legitimate pleas than the Medical Corps'.[42] At exactly the same time, similar concerns were also expressed in British public health quarters. Brigadier E. W. Wade from the army's Medical Sub-Branch was 'very worried to see that Medical questions do not appear in any high level documents'; he thought 'that a Medical Representative should be present at all meetings of Planning Staffs on whatever level'.[43] Here, too, these demands were refused.

This problem of status is important for understanding how Allied staffs expected public health work to fit into the occupation. In organizational terms, responsibility for civilian health was given to the Public Health Branch of G5/SHAEF. Some work was also conducted within the Internal Affairs and Communications Division of the future Control Commissions. The British division was based in London and was active from 1944 onwards, but in the early stages was primarily concerned with the recruitment and training of its staff. The director of the British Public

---

[38] Donnison, *Civil Affairs*, 28–9. Donnison only talks about civil affairs in general and does not mention health officers or public health work.

[39] Donnison, *Civil Affairs*, 28.

[40] Richard Arthur Leiby, *Public Health in Occupied Germany, 1945–1949* (PhD, University of Delaware, 1984).

[41] BAK, 44-45/11/4, exchange of letters from 13 to 24 Feb. 1945 between Chief Medical Officer (Maj. Gen. A. W. Kenner) and Generals Milburn and Wickersham.

[42] BAK, 44-45/11/4, Brigadier General J. E. Lewis to the acting deputy of USGCC, 17 Feb. 1945.

[43] TNA, FO 1038/33, Brigadier E. W. Wade, Feb. 1945.

Health Branch was William H. Boucher.[44] The corresponding American division was established in November 1944, and its Public Health and Welfare Branch was headed by Morrison C. Stayer.[45] The work carried out by SHAEF and the two Control Commissions was supplemented by preparations by the British and American army groups who were about to move into Germany. In both, basic public health work was carried out by the medical officers in military government detachments. An American directive from April 1945 explained that these detachments

> are military units which have prescribed missions, including public health activities. They are provided to relieve the fighting forces of civil commitments to the maximum practicable. Whenever possible they, like Military Government Staffs, serve as channels for dealing with civil authorities. Their primary objective is to stimulate the activities of indigenous personnel in reestablishing or maintaining medical and public health services, so that the military effort is not impeded, and 'will be the agencies of their respective Commanders to ensure that governmental authorities take the necessary measures for observance by the civilian population of any such policies laid down'.[46]

Infectious diseases posed the most urgent threats. Army staffs were to prevent epidemics, especially of typhus and typhoid fever, by putting in place strict quarantine arrangements, reporting all incidences of disease, supervising vaccination programmes, and repairing sanitary installations. Instructions demanded that detachments were to make contact with native health officials and give assistance where necessary.

These health operations were very different from work that was overseen by the British and American civilian health departments in their countries, and from the activities by non-governmental or international relief organizations such as the Red Cross or the United Nations Relief and Rehabilitation Administration (UNRRA). There simply was no forum for non-military health work in Germany. The Health Organization of the League of Nations had more or less shut down by the outbreak of war in 1939; the Office International d'Hygiène Publique officially continued to operate throughout the war and relocated from Paris to near Vichy, but was not involved in practical health work among German civilians. UNRRA, although it was actively organizing medical relief on German soil, was specifically barred from assisting German citizens, or 'enemy subjects', and was restricted to the care of displaced UN nationals.[47]

It was for these reasons that British public health work in Germany was prepared within the War Office, not the Ministry of Health. The ministry's only

[44] e.g. TNA, FO 936/90, W. H. Boucher (Public Health Branch) to J. K. O'Donoghue (Norfolk House), 16 Oct. 1944.
[45] BAK, Z45F, 3/169-2/159, Minutes of Meeting convened by Chief, Public Health Branch, G5 Division, SHAEF, 15/16 Jan. 1945. Also Christoph Weisz (ed.), *OMGUS-Handbuch: Die amerikanische Militärregierung in Deutschland 1945–1949* (Munich, 1994), 109.
[46] BAK, Z45F, 44-45/11/4, Colonel W. L. Wilson (Public Health Branch, G5, SHAEF), 'Concept of Public Health Functions in Germany', 11 Apr. 1945.
[47] *Helping the People to Help Themselves* (1944), 12.

involvement concerned the supply of medical officers: throughout the war, William Boucher, 'an experienced civil servant'[48], and his staff regularly approached the ministry and the Scottish Department of Health with requests for medical officers. Boucher asked whether they could recommend suitable candidates, and whether they could offer guidelines on the salary ranges to be adopted for these officers. He also asked for advice on how to advertise jobs and conduct job interviews.[49] The ministry repeatedly replied by pointing to the shortages of medical officers they themselves were facing. 'This is a bad time for us', wrote the Scottish Department of Health on more than one occasion, and it would be 'very difficult for us to release any of our own men'.[50] These demands for the release of individual medical officers from their duties regularly provoked protests and complaints by ministry officials. They complained fiercely about how 'Boucher's army of medical officers'[51] interfered with public health and civil defence at home in Britain, and responded by dragging their feet.

The following episode illustrates the fractious relationship. In March 1945, just weeks before the British Control Commission's Public Health Branch was to commence its work in Germany, Mr Donelan from the Ministry of Health minuted that Boucher had approached him with a plea to help in the appointment of ' "two or three" public health doctors'. 'I find this request a good deal more than I bargained for, in these days when public health doctors of quality are like gold', Donelan complained. It had made him wonder: ' "If the Berlin section alone wants 'two or three' doctors, how many is the whole Commission going to want eventually?" '[52] One of the men Boucher had asked for was the medical officer of health for Bromley, a Dr Kenneth Tapper. Donelan observed that Tapper was 'one of the best M.OsH. [Medical Officers of Health] in the London Region and occupies a key position in the Civil Defence Services and in Group 8 thereof and represents the Kentish Authorities on the Commissioners' Advisory Committee. Civil Defence alone would feel his loss very heavily. Moreover that area has had heavy inroads made on its P.H.Med Officers.'[53]

Donelan and other ministry officials insisted that appointments to the Control Commission could only be made if public health provisions in Britain were guaranteed. As one official minuted, the problem 'rest[ed] upon whether the present [public health] staff could carry on either with or without part time assistants or with or without consultation with a neighbouring M.O.H.'.[54] Another noted that it was 'a matter of appraisement as to which sphere of activity needs Dr Tapper most. If the Control Commission to Germany gets him they win a first class man & we lose him. It would be a big price for us to pay', he thought, 'but taking into

[48] TNA, FO 1050/757, Lt. Gen. B. G. Horrocks (BAOR) to PM Balfour, 12 Sept. 1945.
[49] e.g. TNA, FO 936/90, Boucher to Major General S. W. Kirby, 5 Oct. 1944.
[50] TNA, FO 936/90, G. Wallace (Establishment Officer, Dept. Health for Scotland, St Andrew's House, Edinburgh) to G. A. Aynsley (Control Commissions, Foreign Office, Norfolk House), 27 Oct. 1944.
[51] TNA, MH 76/333, minute by Mr Bliss (Ministry of Health), 6 Jan. 1945.
[52] TNA, MH 76/333, C. J. Donelan to Mr Ainsworth, 26 Mar. 1945.
[53] TNA, MH 76/333, C. J. Donelan to Mr Ainsworth, 26 Mar. 1945.
[54] TNA, MH 76/333, minute by W. W. Andrew, 28 Mar. 1945.

consideration the present war situation I feel we should foot the bill.'[55] Others argued that the problem had to be dealt with in general, not just in relation to Dr Tapper: 'The Control Commission is no doubt unaware of the extremity to which we have now come as regards public health medical staff, and appears to be seized of the idea (perhaps not unnaturally) that there must still be persons in this field on which it can reasonably draw for the ideal men required for the Commission's purposes.' However, this note went on, it was now 'desirable to dispel this idea, and to take the line, as things now stand, that there is no hope of finding any further assistance for the Commission among medical officers, who are now quite ineffi-cient to meet the minimum needs at home'.[56] Kenneth Tapper, who was decorated for his efforts to relieve suffering among air-raid victims in Bromley, does not seem to have made it to Germany.[57]

This conflict was not just about the priority of home requirements, but the questionable entitlement of the soon-to-be defeated enemy. Why should British needs suffer because of Germany? A Ministry of Health official explained that it had been difficult enough to get local authorities to release their medical officers for civil affairs work in the 'liberated countries', who had 'a strong intrinsic claim'—and it was 'almost certain that there will be far greater difficulty in getting Authori-ties to release men for the benefit of Germany (which is how they will interpret such demand)'.[58]

Everywhere, the military's public health work was affected by personnel short-ages and the low status of public health work. But the widely acknowledged 'seri-ous dearth of medical practitioners' was here aggravated by the fact that public health work in Germany, in particular, was not perceived to be a priority.[59] By late 1944, staffing for the German occupation had become a regularly voiced concern in public health quarters, and was discussed at length at a meeting of SHAEF public health officers from the American and British military groups in January 1945. Items on the agenda included problems such as the lack of equipment and transportation, the lack of time, and the lack of coordination with other sections of the military. But more than any other issue, they bemoaned the lack of suitable public health personnel. As the deputy of the Public Health Branch of SHAEF's G5 division, Colonel Wilson, stated: '[i]f we do not get the right distribution, public health operations will fail. We must keep plugging away.' Concerns about 'numerical shortages' were bad enough, they said, but '[a]ctual functional short-ages are even more evident'. Participants also voiced their concerns about 'short-ages in the British area, the fact that all officers in the American area are not qualified for public health work, and the fact that the current status has been

presented to the Combined Chiefs of Staff. Reference was made to numerical shortages to show what we are up against in the matter of qualified personnel.'[60]

The shortages were apparently acute. Colonel Crichton from the Twenty-First Army Group maintained that the British situation was 'extremely serious':

> unless we can get better promise of personnel we require, it is impossible for me to accept the responsibility which has been placed upon me. I cannot do it without tools, and by tools I mean bodies. The planning I have committed to has been restricted to 10 medical officers per group. I have 16 present out of 80 authorized and 80 is the barest minimum by which we could succeed. This has been taken up here at SHAEF and at the War Office, but at home they do not realize how serious this matter is, and the fact that German health conditions, if not taken care of sufficiently, will boomerang on us and the Army in general. The matter should be stressed, and stressed very forcibly at this time.[61]

Another commentator noted that the Ministry of Health was 'scouring the public health local authorities for the names of men who are willing to take the civil affairs test. The list is a fairly substantial one but of course, a number of people are unfit, some are not willing to volunteer, and there are people whom the authorities are not willing to release.'[62] It was not only the severe shortages in themselves, but the absence of qualified health staffs which proved to be of most serious concern. Since detachments and army groups were to shoulder the real health work, it was crucial to provide them with 'proper and enough people' who were qualified for public health work.[63] Colonel Crichton hoped that 'when civil agencies are being requested to part with their men…they do not think Civil Affairs is a refuge for the doddering…but that we do need active men who are really good at their jobs'.[64]

(ii) Liberated vs enemy countries

Shortages of qualified personnel and the low status of public health were not specific to the German occupation, but here they were magnified by problems not shared elsewhere: not only were staff for Germany particularly hard to find, but health work was restricted by a distinction between liberated and enemy countries. A manual for Operation Eclipse, designed as the first stage of the peace and initiated as the Allied armies crossed the Siegfried Line, described this differentiation. In the liberated countries, it stated, 'we are dealing with our allies and it is only the accident of war that brings us into their country. We therefore respect their sovereignty and their institutions, and we endeavour to work in harmony with them. We do not interfere with their laws, nor attempt to impose any of our own; and we

---

[60] BAK, Z45F 3/169-2/159, 'Minutes of meeting convened by Chief, Public Health Branch, G5 Division, SHAEF, for Discussion of Military Government Public Health Plans and Operations', 15–16 Jan. 1945, 7.
[61] BAK, Z45F 3/169-2/159, 'Minutes of meeting', 15–16 Jan. 1945, 17.
[62] BAK, Z45F 3/169-2/159, 'Minutes of meeting', 15–16 Jan. 1945, 25.
[63] BAK, Z45F 3/169-2/159, 'Minutes of meeting', 15–16 Jan. 1945, 4.
[64] BAK, Z45F 3/169-2/159, 'Minutes of meeting', 15–16 Jan. 1945, 25.

claim no jurisdiction whatever over their citizens.'[65] In Germany, on the other hand, it was

> the duty of commanders to impose the will of the Supreme Commander upon the German people. The diplomatic approach to civil authority which is used in liberated territories will be replaced by the issue of orders, obedience to which will be exacted, and disobedience to which will be punishable in our own Military Government courts. The civil administration, and all aspects of civil life, will be directed and controlled according to the requirements of, initially, the Supreme Commander and, ultimately the Control Council, whose authority will be final. Germany will be made to realise that this time she has been well and truly beaten in the field by force of arms, and must now do as she is ordered.[66]

This distinction also applied to public health. Donnison put his finger on it when he described civil affairs work in Burma, where the officers 'were invested with a dual responsibility, to the military authorities for the bare prevention of disease and unrest, [and] to the Burma Office or to the Colonial Office to raise standards above this level, since the people of these countries were British subjects, and it was felt that they should be treated more generously than enemies'.[67] By contrast, in Germany, 'generous treatment' was highly inappropriate, and security concerns determined the work of the health officers. Colonel Wade, a senior medical officer in the British Control Commission, inquired about the 'policy in respect of the issue of drugs which are potentially explosive, to German civilians and military medical services', particularly glycerine, iodine, sulphur, and certain potassium salts. His view was 'that [the Germans] should be made to use substitutes and that these should all be kept for use by the Allies, or be destroyed'.[68]

Such a distinction between public health work in Germany and other countries was not inevitable. As we have seen, this distinction was absent in earlier schemes. The work produced by the Allied Committee on Post-War Requirements, the so-called Leith-Ross Committee, is a case in point. In a February 1942 paper on measures for post-war relief and reconstruction, the authors recognized that the difficulties of prioritizing 'among the conflicting claims, and unequal situations, of Allied, neutral and enemy countries, [were] clearly enormous'.[69] They argued that '[t]he only hope of achieving rough justice in the allotment of priorities would be to regard Europe (or those parts of it to which we have access), so far as possible as a whole from the beginning. Even if "need" is referred to the barest necessities in food, clothing and medicaments, the acceptance of such a view will demand an important intellectual and moral effort of the more favoured peoples.'[70]

---

[65] TNA, FO 1039/590-592, 21st Army Group, Operation Eclipse, Pamphlet No. 10.

[66] TNA, FO 1039/590-592, 21st Army Group, Operation Eclipse, Pamphlet No. 10.

[67] Donnison, *Civil Affairs*, 29.

[68] TNA, FO 1038/31, Colonel E. W. Wade (Medical Services Branch) to the Brigadier in charge of Adm. Serv, 10 Nov. 1944.

[69] TNA, FD 1/6819, 'Immediate post-war measures of relief and reconstruction in Europe', Sir Frederick Leith-Ross (Royal Institute of International Affairs, Chatham House) to Medical Research Council, 9 Feb. 1942.

[70] TNA, FD 1/6819, 'Immediate post-war measures', section A, point 5.

Germany was here conceived as a necessary part of international relief efforts. 'When the present war ends', the paper stated, 'the needs of many parts of Europe will be more urgent than those of Germany, but she should also receive what is estimated to be due to her on the scale of need', with the addition that 'any political or financial conditions to her doing so should be settled beforehand'.[71] Relief work was to be determined by need, and the neediest countries were those which had seen the heaviest fighting.[72] Finally, the Leith-Ross paper stated that, since 'the control of starvation and such diseases as may be expected after the war depends primarily on transport, economic reconstruction and agricultural recovery', it was 'from a health point of view…essential to continue urgent relief work for sufficient time to enable a fair degree of economic and agricultural prosperity to be reached, probably over a period of some years'.[73]

This and other papers did not distinguish in principle between Germany and other countries. However, these premises disappeared from later plans. After the Morgenthau controversy, schemes no longer focused on possible German needs, but rather on Germany's comparatively high pre-war standard of living. Similarly, the recommendation that public health required a level of economic and agricultural development clashed with later principles of what the occupation was to achieve: the aim was not to facilitate Germany's recovery, but rather to remove the German threat to world security. As a result, the link between the population's health and the country's prosperity was subsequently removed from occupation manuals.

In practice, health planning for Germany was very different from the Leith-Ross Committee's recommendations. One episode illustrates the tenor of the debate. In June 1942, Mr Gorvin from the Ministry of Economic Warfare wrote to the Polish Ministry of Finance that he was compiling estimates of the immediate post-war requirements of Germany, and wondered whether the Poles could help with data or ideas.[74] Immediately a storm erupted, and colleagues noted that Gorvin had 'fairly put his foot in it with the Poles'. The Central Department of the Foreign Office expressed concern about likely complaints from other Allies, 'on the grounds that this is hardly the appropriate time to discuss the feeding and reprovisioning of Germans, seeing that we have not yet settled how to deal with the immediate needs of our own Allies. If such representations are made I think that the only line to take will be to say that Mr Gorvin acted entirely on his own initiative and that there is of course absolutely no intention on our part to commit ourselves in any way to proposals for feeding Germans before we have all made up our minds on the political problems involved.'[75] Several government departments stepped in to remedy the 'acute embarrassment…caused by Mr Gorvin's action'.[76] Central Department

---

[71] TNA, FD 1/6819, 'Immediate post-war measures', section A, point 7.

[72] TNA, FD 1/6819, 'Immediate post-war measures', section D, point 29.

[73] TNA, FD 1/6819, 'Immediate post-war measures', section D, point 31(3).

[74] TNA, FO 371/31508, J. H. Gorvin (Ministry of Economic Warfare) to Mr T. Zamoyski, (Polish Ministry of Finance), 20 June 1942.

[75] TNA, FO 371/31508, Gladwyn Jebb to Mr Makins, Mr Law and Mr Ronald, 4 July 1942.

[76] TNA, FO 371/31508, Mr Ronald (Central Department) to Mr Dudley Ward (Ministry of Economic Warfare), 13 July 1942.

tried to soothe worries: '[T]here is of course no justification', one official wrote, 'for putting postwar requirements of Germany at all high on our list of priorities and it would certainly be our intention to make certain that the main principles of essential relief for our Allies and for the victims of German aggression are formally established before devoting any considerable thought as to how to better the lot of the aggressor countries.'[77]

Britain's sometimes fragile relationship with the other allies was one consideration; another was that there was an apparent educational component to restricting the health and relief offered to Germany, as suggested by insights into the German national character and its limited potential for improvement. Some argued that for pedagogical reasons the Germans should be given food only after all the nations who had suffered because of Germany.[78] As Henry Dicks, a British psychiatrist who was drafted to work for the British Control Commission in Germany, put it: from the 'psychological point of view', the 'manner of administering such relief as is contemplated will be important in influencing German attitudes. The rations should be kept below those of our Allies.'[79] This was a persuasive argument, all the more appealing at a time of shortages and supply bottlenecks.

As a result, health operations in Germany were to be conducted in a different tone from those elsewhere. Differences concerned particularly the provision of supplies and personnel—and since so many of the discussions focused on supply, this was crucial. American and British health officers were instructed to distribute food, drugs, and medical supplies first to liberated populations, and once in Germany, to Allied nationals and non-German displaced persons, before considering the requirements of the German population. Germans were not to be given any medical supplies beyond the absolute minimum necessary.[80] The provision of supplies was planned differently for the two categories: 'For German civilians, planning [provided] only for basic medical units; for displaced persons, we have planned for basic medical units, x-ray supply units, sanitation supply units, obstetrical bags, etc.'[81] In these terms, Colonel Scheele from SHAEF's Preventive Medicine Section observed that '[t]he general medical supply program for Germany is not too generous, but the program is adequate for communicable disease control. The first effort will be to utilise German biological and other medical supplies.'[82]

Even more urgent than medical supplies was the supply of food. Allied troops were instructed to ensure a daily allocation of 2,000 calories per person in the friendly countries and for those non-Germans in the displaced persons camps in Germany, mainly by using up military stocks and distributing donations and German stores. On the other hand, in the light of prevalent shortages rations for

---

[77] TNA, FO 371/31508, Gladwyn Jebb, 4 July 1942.

[78] 'Manifesto', in Emil Ludwig, *How to Treat the Germans* (London, 1943), 70.

[79] TNA, FD 1/6046, 'Germany after the war: a resume with commentary by Lieut. Colonel H. V. Dicks', Feb. 1945, 7.

[80] BAK, Z45F 3/169-2/159, Lt. Colonel Cullyford (Chief of the Public Health Branch, G5/Officers Army Group) at the public health meeting of 15–16 Jan. 1945, 25.

[81] BAK, Z45F 3/169-2/159, Colonel Stuart Smith (Chief of the SHAEF Supplies Coordinator Section), 10.

[82] BAK, Z45F 3/169-2/159, Colonel Scheele (Chief of the SHAEF Preventive Medicine Section), 13.

the German population had to be significantly lower. 'The feeding of the Germans was going to be a difficult one', Colonel Hermann thus noted in January 1945, particularly since '[t]here will be no imported food issued to the German population except in extreme emergencies'.[83] Colonel Wilson made this point most bluntly. Speaking about the allocation of food supplies, Wilson asked: 'The question is, how much can you cut the German down and keep him breathing. How much do we dare cut him down?'[84]

(iii) Public health plans for Germany

Let us briefly examine two particular plans for public health work, which were ready just before the end of the war. First, the Twenty-First British Army Group drew its instructions about public health work from the 'Eclipse Medical Outline Plan'. The plan predicted that the public health problems in Germany would be similar to those already encountered by troops in the advance from Normandy to Brussels, 'with the important difference that the operation will take place in hostile enemy territory and there can be no reliance on the co-operation of the civilian population'.[85] It anticipated that destruction and economic conditions were 'likely to be much worse than anything we have yet experienced', and it was 'essential that all Hygiene [officers] should have a plan to work on'.[86] Major problems demanding health officers' attention, it suggested, were the control of infectious diseases; arrangements for hospital accommodation of displaced persons and refugees, and emergency beds for epidemic outbreaks; and the restoration of water and sewage systems and the civilian laboratory services.[87]

However, despite this, practical assessment health work was limited by the premises of Allied occupation policy. The plan thus emphasized that health work must not exceed the bounds of 'military necessity'. It differentiated between health work in liberated countries and in Germany. And it spelled out that in Germany, the officers' primary task was the maintenance of health among the occupying forces and displaced persons. 'The hygiene task is likely to be immense', it stated, but 'it will not be possible to meet all demands, and we must, therefore, in the first place, concentrate on essentials.'

   (a) The first concern is and remains the health and prevention of disease in the British Armed Forces.

   (b) Secondly, concentration on our own and Allied PW.

   (c) Thirdly, there must be insistence on reasonable Hygienic standards in German concentration areas, and

   (d) Fourthly, everything possible must be done to reestablish, at the earliest possible time, civilian health services.[88]

---

[83] BAK, Z45F 3/169-2/159, Colonel Herrmann (SHAEF Supplies and Economics Branch), 13/14.
[84] BAK, Z45F 3/169-2/159, Colonel Wilson, 13.
[85] BAK, Z45F 3/169-2/159, Appendix B/3.   [86] BAK, Z45F 3/169-2/159, Appendix B/3.
[87] BAK, Z45F 3/169-2/159, VI/57-59.   [88] BAK, Z45F 3/169-2/159, Appendix B/3.

Because the existing German authorities were to continue to administer health services, only one short section of the plan considered hygiene measures for the German population, while twelve sections concentrated on medical care for Allied forces and UN displaced persons and prisoners of war. Instead of preparing for epidemics and health crises, health teams were told to focus on the collection of information on German equipment and medical stores, through which the requirements of Allied purposes elsewhere were to be met.[89] In April and May of 1945 public health officers involved in the Eclipse Plan met in the context of a working party to examine the 'long term medical policy for Germany', and their primary concern was the examination and stocktaking of German medical material, personnel, and installations for uses elsewhere.[90]

A second example is the Bavarian operational health plan, produced by an American detachment in April 1945. The plan began with an overview of the German regional and local organization of health administration and the role performed by the German Ministry of the Interior. It went on to anticipate the kind of situation likely to be faced by the American health staffs. 'In the event of danger of spread of communicable disease beyond the borders of Germany,' it spelled out, 'emergency measures beyond those prescribed by the International Sanitary Convention may be taken', if absolutely vital.[91] But apart from these emergency scenarios, 'the Public Health functions of Mil Gov' would be limited to:

(1) Control of communicable diseases among civilians which might affect the health of Allied troops. This necessitates a responsible civilian health organization, properly equipped and staffed with suitable facilities and powers to carry out its necessary functions.

(2) Provisions of medical care necessary to protect the health of United Nations Nationals in Germany. This necessitates provision of medical staffs, facilities and services for these people.

(3) Utilization of German Medical and Public Health resources and productive capacity to the extent needed to supply urgent needs of the United Nations, and to allow the balance to be used for maintenance of public health in Germany.

(4) Removal of active Nazis and ardent Nazi sympathizers from German public health services, and their replacement by acceptable personnel.[92]

Just weeks before the end of war, both plans limited public health operations in Germany to ensuring the success of military operations and the protection of the health of the occupying troops and UN nationals on German soil. Civilian health

---

[89] BAK, Z45F 3/169-2/159, 'German War Material required for use in the war against Japan', Annexure III to Appendix F.

[90] See TNA, FO 1038/33, correspondence on 'Long Term Medical Policy for Germany'. The terms of reference of this working party were set on 25 Apr. 1945, and the first meeting took place on 1 May 1945, and the second on 1 June 1945. After this, the working party seems to have been disbanded.

[91] BAK, Z45F 3/177-1/6, 'Proposed operational plan for public health', HQ, Detachment E1 F3, Regional Command for Bavaria, 12 Apr. 1945.

[92] See n. 91.

did not feature as a major concern, because German authorities were expected to continue with their work, and Allied health officers were only required to supervise them.

Directives on the treatment of Germany after its surrender thus had a clear impact on public health work. They had developed the notion of a 'hard peace'; they had presented the health system as an extension of the German war state; and they demanded that Allied officers were not to show any sympathy for German suffering. Health officers were instructed that, in the interests of security and justice, German living standards and nutrition were to be capped at levels below those of neighbouring countries. The main effect was to limit health work. While public health work carried out by army detachments usually involved making contact with the native population and combining army and civilian resources, it was to be much more limited in Germany.

Four related premises shaped the preparations for British and American troops' public health work. First, the notion of 'military necessity' served to remind health officers that the main focus of occupation policy was the defeat of Germany, the eradication of Nazism, the punishment of those responsible, and the freeing of forces for operations in the Pacific. Health operations on German soil were necessary only so far as they affected Allied troops and Germany's neighbours. Supplies were to be confined to 'a minimum necessary to prevent disease and such disorders as might endanger or impede military operations'.[93] Health officers were to 'plan and coordinate the provision of resources for prevention and control of disease among civilians or animals which might interfere with military operations' and to 'assure availability for distribution of medical supplies necessary to prevent or control diseases which might affect or interfere with military operations or health of the troops'.[94] 'Military necessity' thus defined the purpose, reach, and objectives of occupation public health programmes in Germany.

Second, the occupiers were to rely on German organizations for the bulk of necessary tasks. According to the principle of 'indirect control', which stemmed from British experiences with its colonies, Allied officers were to supervise and control German health authorities indirectly, without actually doing any of the necessary work themselves.[95] The plans for the British and American public health branches were based on the assumption that the Allies would issue directives to a central German government, and that the Internal Affairs and Communications Division would control and supervise the German Ministry of the Interior.[96] When in January 1945, General Draper asked whether 'the Germans [will] actually do the work in the field?', Boucher explained:

> Yes. It will be the Military Government officers who will be controlling each Public Health department at Provinz level. Our relationship is with the Ministry on top and

---

[93] F. S. V. Donnison, *Civil Affairs and Military Government: Central Organisation and Planning* (London, 1966), 201–3. BAK, Z45F 3/169-2/159, 'SHAEF memorandum on Post Defeat Military Government Planning', 3 Jan. 1945.

[94] BAK, Z45F 44-45/12/5, 'Memorandum on the reorganisation of G5 Division', 24 Mar. 1945.

[95] Birke et al. (eds.), *Akten der britischen Militärregierung in Deutschland*, vol. i, p. xvi.

[96] TNA, FO 936/90, 'New establishment proposal for CCG(BE), Public Health Branch', 15 Oct. 1945.

does not extend beyond that. The rules for dissemination of instructions have not been worked out as yet, but possibly we, on behalf of the Supreme Command, will give directions to the German Ministry for the issue of instructions on this matter down to those in the field, and it will be for the Military Government officer in the field to see that those instructions are duly acted upon, and are effected. We are planning on the assumption that central government in Germany will still exist.

'We have no intention of assuming any executive responsibility,' he added. 'Our job is to control them, not to do the work for them.'[97]

As a result, planners allocated only limited supplies and personnel, and assumed that the German authorities would to continue to work without interruption while denazification was in process. The inherent contradiction was only rarely acknowledged. In September 1944, when the UK Treasury was in the process of approving the sizes of various Control Commission branches, a Treasury official, Mr Wilcox, inquired about the extent to which the British authorities were going to interfere with medical and health arrangements in Germany. 'I can see that in the early days there will need to be a pretty close supervision to guard against epidemics in the chaotic conditions that may exist', he wrote to Boucher, 'but one would have thought, prima facie, that after this initial period the health services would be essentially a thing which the Germans in their own interests would want to run as efficiently as possible.'[98] In reply, Boucher argued for some need of regimentation. 'I agree that the administration of their own health services is something which we can ultimately rely on the Germans to run for themselves on efficient lines with a minimum of oversight on our part'—but, he added,

> How soon they can be left to do so is entirely conjectural. We do not know in what condition we shall find the administrative machine, but one thing, to my mind, is quite clear: Nazi doctrine permeates the whole public health structure and must be eradicated. If control amounted to no more than this, its result would undoubtedly be to eliminate the severe regimentation to which the health services and their personnel are at present subjected. These services cannot, however, be permitted to function on purely parochial lines, in face of the many public health problems likely to confront us for a considerable time after the cessation of hostilities. Regimentation of a fairly strict kind will be essential, and it will be our job to enforce it.[99]

Nevertheless, when a month later Boucher listed the future duties of his senior staff, these tasks were those of administrators and overseers, not those of health officers who were going to get at all involved in any practical public health work.[100] The fact that large sections of the German health service had joined the Nazi Party and would now need to be removed, was also asserted by other sources. As Brigadier Wade, senior medical officer of the British Control Commission, noted in May 1945: while 'the Political Investigators have not got very far with the

---

[97] BAK, Z45F 3/169-2/159, General Draper at the public health meeting of 15–16 Jan. 1945, 15.
[98] TNA, FO 936/90, C. H. M. Wilcox (Treasury Chambers) to H. C. Rayner (Enemy Branch), 21 Sept. 1944.
[99] TNA, FO 936/90, W. H. Boucher to Mr J. K. Donoghue, 26 Sept. 1944.
[100] TNA, FO 936/90, 16 Oct. 1944.

identification of Medical Officers by Political creed', he thought that it was 'the opinion of the Political Intelligence Dept. that a very high proportion of the Medical Officers are Nazi'.[101] But if indeed 'Nazi doctrine permeates the whole of public health structure', exactly who the Allies could supervise and control was not spelled out. Not only were the terms of 'ardent sympathisers' and 'active Nazis' vague, but many schemes also assumed that, while Nazi public health laws obviously had to be annulled, most existing laws and health arrangements could remain in force unaltered, since they were 'sound in most instances'.[102]

By late 1944, a third premise of preparations for the German occupation concerned the concept of a German standard of living—an assumption which only appeared in this form in the later stages of the war. The 1942 Leith-Ross paper had still noted as a matter of fact that the most extensive health and relief operations would have to be conducted in countries where the heaviest fighting had taken place, Germany included. But this notion disappeared after the Morgenthau episode, supported by planners' belief in the ultimate efficiency and superiority of the German health organization.

The United States Strategic Bombing Survey's study *The Effect of Bombing on Health and Medical Care in Germany*, compiled during the last year of the war and published in autumn 1945, exemplified this perspective and its contradictions. In close to 400 carefully researched pages it laid out how German health and medical care had been severely disrupted by the war. It did not mince its words on effects and consequences: although it found 'no evidence of Allied effort to break the health of the German people', it showed unequivocally that the bombing had 'succeeded in greatly lowering the standard of health throughout Germany by destroying facilities for the maintenance of environmental sanitation, by creating the most acute conditions of overcrowding which have been encountered in the western world, by denying civilians hospital care and adequate drugs, and by changing three meals a day from an individual habit to an object of individual ingenuity'. In effect, 'the average inhabitant of the German cities was placed in the same position as the soldier in the battle field'. And yet, such observations did not prompt a reconsideration of the problems to be encountered by the occupation troops. On the contrary, its conclusions pointed to the fundamental strength and soundness of German structures. '[T]he one outstanding fact which the study of these data defines', it maintained, was that 'a people well trained in personal hygiene, who…know where the dangers to ill health lie, are the strongest bulwark against breakdown of public health when their cities have been destroyed by the enemy.' Even a 'democratic society' such as the United States could usefully learn about how 'a thoroughly regimented nation reacted to air raids', and how it could thus 'rise to a similar threat in the future'.[103]

---

[101]　TNA, FO 1038/33, War Office to Brigadier Wade, 31 May 1945.
[102]　BAK, Z45F 3/169-2/159, Colonel Scheele at the public health meeting of 15–16 Jan. 1945, 16.
[103]　United States Strategic Bombing Survey, Morale Division, Medical Branch Report, *The Effect of Bombing on Health and Medical Care in Germany* (Washington, 30 Oct. 1945), 1, 5.

Such observations signalled to health planners caution in designing programmes that were 'over-generous'.[104] Public health measures had to be 'adequate' for the protection of troops and neighbouring countries, and nutrition teams had to ensure that food supplies did not exceed minimum levels.[105] From autumn 1944 onwards, British and American planners often overestimated the conditions they expected to encounter in Germany. They no longer contemplated that the German standard of living might actually have to be *raised* because of extensive destruction. As late as January 1945, Colonel Wilson was optimistic that 'Germany has maintained a good status of public health, and more than likely, we are going to be able to accomplish the same thing…we must accomplish at least as much'.[106] The inherent contradiction between maintaining a basic standard of living at the same time as deindustrialization and demilitarization were in process only became fully apparent after occupation began.[107]

Finally, a fourth premise in occupation plans stemmed from conclusions about the German mentality and the expectation that the Germans would attempt to trick or corrupt Allied officers by spreading pro-Nazi, pro-German, militarist propaganda. Perhaps the most important result was the 'non-fraternization' rule, which prohibited Allied troops stationed in Germany from maintaining any personal contacts with the German population. By early 1944, instructions informed troops not just about the 'mission of the occupying forces', but also about the 'characteristics of the German people, their probable attitude towards the forces of occupation and the type of propaganda which they are liable to employ'.[108] A formal non-fraternization rule was the logical next step. The 'avoidance of mingling with Germans upon terms of friendliness, familiarity or intimacy, whether individually or in groups, in official or unofficial dealings'[109] was to guard occupation officers against Germans' attempts at persuading them of their innocence, and to avoid situations where they would be overly exposed to the German plight. Even shaking hands with the Germans was prohibited, since, as one instruction explained, to '"shake hands on it" is commonly accepted as "burying the hatchet". Broadly speaking, in civilized communities it signifies a token of friendship. The Germans will endeavor to shake hands on every possible occasion in an attempt to curry favor. Drinking with Germans, visiting German homes, playing games or taking part in sports with Germans and accepting or giving gifts, is not permitted. German women will be treated with courtesy but behavior towards them is to be strictly

---

[104] BAK, Z45F 3/169-2/159, Colonel Scheele at the public health meeting of 15–16 Jan. 1945, 13.

[105] BAK, Z45F 3/169-2/159, Colonel Scheele, 13.

[106] BAK, Z45F 3/169-2/159, Colonel Wilson, 9.

[107] This was acknowledged by the German Standard of Living Board, set up in summer 1945 to recommend a standard of living for the German peacetime economy. A Sept. 1945 report recognized that it would take at least four years of German recovery to achieve the standard of living of its neighbouring countries. See BAK, Z45F 44-45/6/9, 'draft of a preliminary report to the German Standard of Living Board by the working staff of the Board on A Minimum German Standard of Living in Relation to Industrial Disarmament and Reparations', 20 Sept. 1945.

[108] BAK, Z45F 3/153-3/15, 'Policy on relations between Allied occupying forces and inhabitants of Germany', 12 Sept. 1944.

[109] BAK, Z45F 3/153-3/15, 'Policy on relations between Allied occupying forces and inhabitants of Germany', 12 Sept. 1944.

governed by the policy of non-fraternisation.'[110] Those who had studied the German national mentality saw non-fraternization as an important protective mechanism, but in practice it was to create problems, particularly for the Allied health teams, who had not only to work closely with their German colleagues, but also to tackle the products of their fellow occupiers' violations of the ban, namely venereal diseases and unwanted pregnancies.

THE OTHER TWO? SOVIET AND FRENCH APPROACHES TO THE OCCUPATION OF GERMANY

Preparations for the Allied occupation of Germany in Washington and London created the blueprints not just for the British and American zones but for the entire occupation of Germany. They bound the other two occupiers, the Soviet Union and France, to priorities they did not always share and arrangements they did not always support. Both Soviet and French attempts to develop plans of their own were hampered by internal disagreements over aims, a lack of resources, and, most acutely for the French, a lack of time.

(i) The Soviet Union

Soviet plans built upon the main principles for the treatment of Germany agreed at the wartime conferences: after defeat, Germany would be demilitarized, its industries decartelized, and its institutions and public life denazified. However, the Big Three's public accord disguised discord behind the scenes. Soviet policy prioritized military and economic security in a manner frequently distrusted or openly rejected by the British and Americans, particularly in matters of reparations. In view of the devastation of large parts of the Soviet Union, the Soviet government was determined to demand the payment of a huge reparations bill. In a proposal presented at the Yalta conference, Stalin called for German reparations of $20 billion, of which $10 billion were to go directly to the Soviet Union.[111] They were to come from a variety of different sources: dismantled German industrial installations, direct deliveries of goods from current German production, and German manpower. The Morgenthau Plan, although not implemented, marked a shift within Anglo-American thinking to a more tough-minded handling of Germany. By contrast, there were clear *economic* reasons why the Soviet Union supported proposals to deindustrialize Germany. Later, at the Nuremberg Trials, Roman Andreyevich Rudenko, chief prosecutor of the Soviet Union, presented staggering figures of damage, loss, and destruction as part of the Soviet Union's case against

---

[110] BAK, Z45F 44-45/4/6, 'Policy and instructions on relations with the Germans of Allied Armed Forces and Control Commission Staffs in the initial period of control', 21 Dec. 1944.
[111] On Soviet reparation demands, see e.g. Maisky to Molotov, 'Wie hoch sollen die Reparationsforderungen der UdSSR sein?', 15 Dec. 1944, in Jochen Laufer and Georgii Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948: Dokumente aus dem Archiv für Außenpolitik der Russischen Föderation*, i (Berlin, 2004), 502–7.

the Third Reich. He maintained that 679 billion rubles of damage had been caused as a result of the war, and 1,710 towns and 70,000 villages had been completely or partially destroyed, as well as 6 million bridges, 65,000 kilometres of railway tracks, over 100,000 farms, and 40,000 hospitals. At least 25 million people had been made homeless and 88 million Soviet citizens lived under occupation. His estimates went down to the last heads of livestock: 7 million horses, 17 million cattle, 20 million pigs, 27 million sheep, 110 million poultry had been killed or stolen.[112]

By the time Rudenko presented this evidence, Soviet planners, economists, and politicians had been compiling estimates of damage and calculations on reparations claims for several years. One of them was the Hungarian-born economist and communist theoretician Eugen Varga—director of the Soviet Academy of Sciences' Institute for International Economics and Policy, and secretary of its Department of Economic Science and Jurisprudence, and, in the words of one West German scholar, 'one of the most significant and influential economists in the Soviet Union'.[113] Throughout the war, Varga prepared papers and reports on subjects such as the economic consequences of total mobilization in Germany, the Third Reich's exploitation of the countries it occupied, and the post-war legacy of Hitler's new order in Europe.[114] Soviet reparations policy began to take shape in a series of publications and memoranda Varga composed for the People's Commissariat for Foreign Affairs. In early 1942, he presented the basic premises of Soviet policy in a paper entitled 'Lessons from the First World War'.[115]

In a September 1943 report addressed to Maxim Litvinov, the former Soviet ambassador to the United States and then deputy foreign minister, Varga examined the economic consequences of divisions of German territory into three, four, or seven separate states. Each scheme, he concluded, would lead to the substantial weakening of Germany's—and particularly Prussia's—military and economic

---

[112] Speech of the Chief Prosecutor of the Soviet Union, Lt. General R. A. Rudenko at the Nuremberg Trials, Feb. 1946, in *Vechernyi Leningrad*, 12 Feb. 1946, No. 37, 4. Rudenko was appointed as chief prosecutor in Oct. 1945, see Vyvhinskij to Gen. A. A. Sobolev, 6 Oct. 1945, in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*, 141–2. On the Soviet participation at the Nuremberg Trials, see Francine Hirsch, 'The Soviets at Nuremberg: International Law, Propaganda and the Making of the Postwar Order', *American Historical Review* (June 2008), 701–30.

[113] On Varga's own writings, see Peter Knirsch, *Eugen Varga* (Berlin, 1961). Laszlo Tikos, 'E.Vargas Tätigkeit als Wirtschaftsanalytiker und Publizist in der ungarischen Sozialdemokratie, in der Komintern, in der Akademie der Wissenschaften der UdSSR', *Arbeitsgemeinschaft für Osteuropaforschung, Forschungsberichte und Untersuchungen zur Zeitgeschichte*, 20 (Tübingen, 1965). Gerhard Duda, *Jeno Varga und die Geschichte des Instituts für Weltwirtschaft und Weltpolitik in Moskau, 1931–1970* (Berlin, 1994). *Eugen Varga: Hervorragender Funktionär der internationalen Arbeiterbewegung und bedeutender marxistisch-leninistischer Wissenschaftler* (Leipzig, 1980).

[114] e.g. Eugen Varga, 'The Results of Total Mobilisation in Germany' (translation of an article in *Pravda* for 22 July 1943) (Moscow, 1943) and other articles in Knirsch, *Eugen Varga*, 88–90. Varga also wrote an article on the historical roots of the peculiarities of German imperialism, published initially in *Bolshevik*, 11/12 (1943), 39–52; a German translation was published as *Die historischen Wurzeln der Besonderheiten des deutschen Imperialismus* (Berlin, 1946).

[115] e.g. 'Beschluß dess Politbüros des ZK der VKP(b)', 28 Jan. 1942; G. Saksin, 'Vorläufige Materialien zum Bericht des Sekretariats der Kommission über die Tätigkeit der Kommission zur Vorbereitung diplomatischer Materialien für das Jahr 1942', 2 Feb. 1943, both in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*, 41–2, 89–94, 590.

potential.[116] His conclusion was that reparations programmes would have to be comprised of German industrial installations, to be rebuilt in the Allied nations by German labourers. In addition, the Soviet Union should receive income from current industrial production and raw materials. Where Morgenthau had concluded that German industry would have to be dismantled not simply to prevent another war but also because of justice and pedagogy, Varga and other Soviet economists saw reparations as a means for rebuilding the economies of Germany's former victims, above all that of the USSR. This was a crucial difference.[117] Apart from material reparations, Soviet planners also saw the occupation as a means to acquire German military technology and scientific knowledge for application at home. It was clear from the beginning that German resources were to provide for the maintenance and upkeep of the Soviet troops on German soil.

These pillars of the Soviet Union's agenda—security and Soviet economic recovery—were explicit enough, as was the fact that public health among the Germans did not rank highly (or, indeed, at all) in this project. But matters were complicated by the sheer variety of politicians and government institutions which took an interest in Germany. Just days after the German invasion of the Soviet Union in June 1941, the chief of the Red Army's Political Administration instructed the newly created Soviet Bureau for Military Propaganda to begin preparations for the aftermath of the war. The bureau was staffed with renowned individuals such as the former secretary of the Communist International, Dimitry Manuilsky; the deputy people's commissar for foreign affairs (under Vyacheslav M. Molotov), Solomon Lozovksky; the head of the People's Commissariat for Foreign Affairs' press department and from 1943 director of the Soviet news agency Tass, Nikolai Grigoryevich Palgunov; and Eugen Varga.[118] From 1941, and with renewed vigour after autumn 1943, the bureau examined various problems of the post-war occupation, for example by studying the British and American occupation of Sicily.[119] In parallel, a number of technical departments of the Soviet Communist Party's Central Committee worked on similar questions, also directed by the Red Army's Political Administration. Individual ministries of the Soviet government also set up their own

---

[116] E. Varga to M. Litvinov, 'Sonderbericht: Varianten der Aufgliederung Deutschlands und deren wirtschaftliche und militärische Auswirkungen', 27 Sept. 1943, in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*, 159–69.

[117] See also Gromyko's account of a meeting with Morgenthau, where Morgenthau apparently stated that the United States had no need for German reparations and would not ask for any. Gromyko to Molotov, 13 Nov. 1944, in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*, 496–501, esp. 500.

[118] On Lozovsky and his execution during the 'Night of the Murdered Poets' in Aug. 1952, see e.g. Joshua Rubenstein and Vladimir P. Naumov, *Stalin's Secret Pogrom: The Inquisition of the Jewish Anti-Fascist Committee* (New Haven, 2001). For a contemporary pen portrait of Palgunov, see Henry C. Cassidy, *Moscow Dateline, 1941–1943* (Boston, 1943). Also see Martin Ebon, *The Soviet Propaganda Machine* (New York, 1987), 172, 179.

[119] Jeanette Michelmann, *Aktivisten der ersten Stunde: Die Antifa in der sowjetischen Besatzungszone* (Cologne, 2002), 57. Michael Iwanowitsch Burzew, *Einsichten* (Berlin, 1985), 35 ff. Jan Foitzik, *Sowjetische Militätadministration in Deutschland (SMAD), 1945–1949: Struktur und Funktion* (Berlin, 1999), 35 ff.

---

committees and planning staffs. During 1943, the People's Commissariat for Foreign Affairs created three specialist commissions on the problem of post-war Germany: one, headed by Maxim Litvinov, worked on 'war aims' and prepared for the peace settlement and post-war order; a second one, headed by Marshall Clement Voroshilov, former commander of the north-western front, prepared for the terms of the armistice and German capitulation; while a third commission, headed by Ivan Maisky, the former Soviet ambassador to Great Britain, prepared for matters of reparations and the dismantling of German industry. Together, these various bodies and commissions provided the means for politicians to begin to stake out their interests in the occupation of Germany. But there was little or no coordination between the ministries and the Bureau for Military Propaganda, or between the different ministries themselves—and many of their preparations were not widely read or distributed beyond the circles of their authors.[120] There was no coordinating authority able to mediate between them.

And for many future occupation problems there were simply no preparations or instructions whatsoever. That quickly became a subject of concern and complaints. In December 1943, Andrei S. Smirnov, former Soviet ambassador to Iran and then head of the Foreign Ministry's third European Department, warned that the absence of clear instructions for the conduct of the Soviet military in the occupied territories could lead to catastrophic mistakes and miscalculations. He remembered from his time in Iran, he wrote, that the Soviet army leadership had not been familiar with 'local particularities, customs and conventions, state and administrative structures, legal regulations, and so on'. The situation would be little better in Germany, Hungary, or Romania. 'We know only very little about the organisational structures of the administrative system in Germany', he noted, nor about its 'tax system and agricultural levies arrangements, price policy, local supply of the population, structure of ministries, banks and other organisations'. It was necessary to compile information dossiers and handbooks on Germany, produce maps, compile lists of local facilities and businesses, and familiarize officers with the local administrative organs, the Nazi Party, the German army, and other organizations. All this was urgent, he added, because the war was already moving into its last decisive phase. Since the occupation of Germany involved extensive negotiations between the three occupying powers, Soviet military leaders would have to come prepared for 'complicated diplomatic discussions' requiring detailed knowledge of conditions, and the Foreign Ministry's diplomatic apparatus had to be ready to assist the military authorities. He suggested that members of the People's Commissariat for Foreign Affairs who had worked in Germany in the past should now be recruited for occupation duties.[121] Half a year later, Smirnov complained again that guidelines for the selection and training of personnel for the occupation had still

---

[120] Sergeij Semjonow, *Von Stalin bis Gorbatschow: Ein halbes Jahrhundert in diplomatischer Mission* (Berlin, 1995). Michelmann, *Aktivisten der ersten Stunde*, 57.

[121] A. Smirnov to V. G. Dekanozov (Deputy People's Commissar for Foreign Affairs), 31 Dec. 1943, in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*, 241–4, at 243.

not been produced.[122] By autumn 1944 the training of Soviet specialists for the occupation had evidently still not begun.[123]

To make up for these deficiencies, Soviet analysts studied British and American press reports, transcripts of speeches, memoranda, briefings, policy instructions, and reported conversations with Western leaders—both to track approaches hostile to, or in contradiction with, those of the Soviet Union, and to identify practices and policies which could be copied.[124] Smirnov thought an analysis of previous British and American military occupations could assist Soviet preparations. 'I have to say that we have no experiences in this area', he noted, 'whereas the [Western] Allies already possess a well-rehearsed system, with roots going back to the previous war. They have people who carried out the military administration of enemy territories after the defeat of Germany in 1918.'[125] When the EAC suggested that the Soviet government dispatch '45 to 55' Soviet officers to London to take part in joint Allied preparations, Soviet officials saw this primarily as an opportunity for their personnel to study and familiarize themselves with Anglo-American methods, systems of training, and concrete policies.[126] Some Soviet instructions therefore drew explicitly on Anglo-American documents and duplicated their premises. When the Americans agreed in late March 1945 to give their military government handbooks to the Soviet authorities,[127] a number of SHAEF guidelines found their way into Soviet instructions to their troops. Beria's recommendations in April 1945 for the organization of a military administration for civilian affairs essentially restated SHAEF's instructions to use existing local German administrations for matters of police, law, finance and tax, and other local problems such as public health.[128]

The Soviet readiness to copy Anglo-American approaches meant that the premises underlying future public health work also extended to the Soviet zone. At the same time, however, gaps and shortcomings in Soviet plans were filled by very different preparations, namely by those of exiled German communists, whose plans for post-war Germany were conducted under the direction of Georgy Dimitrov. Dimitrov had been secretary-general of the Comintern, and after its

---

[122] A. Smirnov to V. G. Dekanozov, 5 July 1944 and 17 July 1944, both in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*, 409–15, 417–18. In the latter he included a list of German-speaking Soviet officers who should be appointed to prepare for the occupation.

[123] A. Vysinskij to V. M. Molotov, 29 Oct. 1944, and K. Voroshikov to Stalin and Molotov, 29 November 1944, both in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*, 495, 501.

[124] e.g. a pamphlet of the Soviet Party's information bureau from 1 May 1945 pointed out that there was a contradiction between the Americans' tough peace declarations and Eisenhower's plans for the distribution of food supplies in Germany. See Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*, 657. For examples on reviews of the Anglo-American press, see e.g. Litvinov to V. M. Molotov, 'Die Behandlung Deutschlands und anderer Feindstaaten in Europa', 9 Oct. 1943, in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*, 194–214.

[125] A. Smirnov to V. G. Dekanozov, 31 Dec. 1943, in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948*.

[126] See e.g. K. V. Novikov to Vyshinskij, 21 Sept. 1944, and Voroshilov to Stalin and Molotov, 22 September 1944, both repr. in Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948* 458, 459–60.

[127] FRUS, vol. iii. *1945* (1968), 443. Ralf Possekel, 'Sowjetische Speziallager in Deutschland', in Sergei Mironenko et al. (eds.), *Sowjetische Speziallager in Deutschland 1945 bis 1950* (Berlin, 1998), ii. 54. Michelmann, *Aktivisten der ersten Stunde*.

[128] Ralf Possekel, 'Sowjetische Speziallager in Deutschland', 54.

dissolution in 1943 became chief of the Soviet Party's Department of International Information (known as the 'foreign department'). In both capacities, he coordinated the work of foreign communists in Moscow. In spring 1944, Dimitrov instructed the German communists in exile to prepare for vital questions of post-war Germany, while his Comintern colleague Dmitry S. Manuilsky took over the training of German POWs. By March 1945, the German communists had drawn up guidelines for future political work in Germany, using Soviet information. These guidelines, sent by Dimitrov to Molotov, proposed that German antifascists were to accompany the Red Army and assist its progress through newly liberated areas by calling on German troops to surrender and urging the population to cooperate. They were to assist Soviet officers in the administration of urgent work such as the clearing of rubble, epidemic control, the revival of radio and newspapers, and the appointment of local officials.

(ii) France

In France, disagreements about different strategies centred around the different weight that should be given to short-term economic exploitation and military toughness on the one hand, and longer-term efforts to reform and reintegrate Germany into the world, on the other. Popular French analyses of the German menace concluded that Nazism had been able to rise due to the inadequate post-war settlement of 1919, which had not gone far enough or imposed sufficiently serious measures on Germany; in subsequent years the original demands for reparations had been dropped completely, and the German war-spirit allowed to grow unimpeded. The Second World War was evidence not only of chronic German aggression, but also of British and American failure to contain it. Among France's politicians those who insisted on permanent German disarmament, and those who emphasized reform and reconciliation instead, could agree that the occupation provided a means to guarantee future French security and aid the reconstruction of France. These two priorities were often closely linked: both required a strong France, militarily and economically, and a weak Germany. A group of French advisers pointed out at a Chatham House study group meeting on post-war reconstruction that 'Europe would not be safe' as long as 'a country with a population of sixty million, vast industrial resources and an apparently permanent impulse to aggression remained in the centre of Europe'.[129] Finding ways to render Germany incapable of fighting was central to any French plan for the economic rehabilitation of Europe.[130]

But although they overlapped, the security focus and economic considerations soon produced diverging, even contradictory, approaches. French security demanded disarmament and the dismantling of installations, a division of the

---

[129] T. E. Utley, 'French Views', 245.

[130] Nehemiah Robinson, 'Problems of European Reconstruction', *Quarterly Journal of Economics*, 60/1 (Nov. 1945), 1–55, at 32–3. Robinson later became director of the World Jewish Congress' Institute of Jewish Affairs. On Robinson's work, see Angelika Timm, *Jewish Claims against East Germany: Moral Obligations and Pragmatic Policy* (Budapest, 1997), 74.

country into zones, and the decentralization of its political structures. But French economic interests required German industry to continue to produce raw materials and goods, and the four zones to be treated as an economic unit. Initially, many insisted that security had to come first, but the economic rationale was strengthened when in early 1945 a number of authorities compiled estimates on French losses and minimum compensation levels. The French Ministry of Reconstruction and City Planning calculated in January 1945 that between 1,200,000 and 1,500,000 buildings had been destroyed or damaged since the outbreak of the war (compared to 927,000 during the First World War).[131] At a session of the French Consultative Assembly a few months later, experts estimated that the cost of clearing the wreckage and rebuilding houses, industrial plants, and enterprises would be around 1,236 billion francs.[132] In August 1945, a special French commission revised these estimates upwards, and calculated that the cost of war and occupation damage amounted to a staggering 1,832 billion francs.[133] Another influential report, compiled by a member of the French Consultative Assembly's Foreign Affairs Committee, P. O. Lapie, estimated reconstruction costs at 2,500 billion francs, and some experts thought that the real costs would be closer to 3,000 billion.[134]

Nor did it end there. Some economic experts pointed out that France had propped up the German war economy for four years. Apart from physical destruction, financial burdens stemmed from the maintenance of armies in the field, demographic losses, forced exports and German requisitions, pillage, and looting. Until 1944 France had supplied the German population with goods—partly funded through occupation charges (set in August 1940 at 20 million Reichsmark a day), and partly paid for in occupation currency, which was, as one of the French zone's historians, F. Roy Willis, notes, 'a worthless paper money whose ultimate backing fell on the French taxpayer'.[135] Over 700,000 French workers had been sent to work in Germany.[136] These figures led to widespread agreement that France had to seek reparations and compensation. From this priority came other conclusions: after defeat the Germans would pay the costs of the Allied occupation, and the French zone's economy would have to be developed so as to be of maximum benefit for French economic requirements. Precisely what would be of greatest use for French reconstruction (acquisition of German resources and dismantled installations, or continued German production) was not spelled out at this stage, which helped to obscure the contradiction between demands for the decentralization of

---

[131] French Press and Information Service, Report of 9 Jan. 1945, quoted in Robinson, 'Problems of European Reconstruction', 3.

[132] Files of the French Press and Information Service, Session of the French Consultative Assembly on 3 March 1945, quoted in Robinson, 'Problems of European Reconstruction', 3.

[133] Report of the Ministry, 1 Aug. 1945, quoted in Robinson, 'Problems of European Reconstruction', 3.

[134] 'Pour la Victoire', report by P. O. Lapie, 4 Aug. 1945, quoted in Robinson, 'Problems of European Reconstruction', 4.

[135] F. Roy Willis, *France, Germany and the New Europe, 1945–1963* (Stanford, 1965), 4–5. See also Paul Farmer, *Vichy: Political Dilemma* (New York, 1955), 111–12.

[136] Willis, *France, Germany and the New Europe*, 4.

German political life and the centralization of its economy.[137] Public health work would be caught directly in between.

During the planning stage, France, more than any other occupying power, suffered under time pressure and lack of representation at key moments of Allied decision-making. Lucius Clay, Eisenhower's deputy military governor, later thought that 'the German problem as it then stood, originated in international conference',[138] but the French had been absent at all the major wartime conferences. They were not present at the meeting of Roosevelt and Churchill in August 1941, which resulted in the Atlantic Charter. They had not participated in discussions at Moscow in autumn 1943, which was, according to William Strang, 'perhaps the most fruitful of all the international ministerial conferences held during the war'.[139] As a result, France also missed the early days of the EAC. It was not represented at the Teheran conference in winter 1943, which planned the second front, or at the meeting of Roosevelt and Churchill in Quebec in September 1944. France did not take part in the Yalta conference in February 1945, which finalized many details on the future occupation, including the fact of a French zone. By the time France entered proceedings, all the important decisions had already been made. And in spite of de Gaulle's proclamation that it would be 'a grave error' to make decisions about Europe without involving France,[140] France was not invited to the Potsdam conference in July 1945. This exclusion had lasting effects: not only was it 'a bitter blow to French pride', but it also produced a situation where a member of the ACC did not consider itself bound by Potsdam decisions and did not recognize the policy on which the Council was to operate.[141] The ACC could only act by the unanimous consent of its four member delegations, and this quickly produced an unbridgeable rift between France and the others, as French leaders successfully vetoed the creation of central administrative agencies for Germany.[142]

Preparations for the occupation of Germany thus began much later in France than they did in Britain, the United States, and even the Soviet Union. When American and British planners first met to draft plans, the French were preoccupied with their own affairs: following the French military defeat, the vote by the National Assembly, and the assumption of power by Marshal Pétain in July 1940, France itself had become a divided and occupied country, formally partitioned into a northern zone, occupied by the Wehrmacht, and an unoccupied 'free zone' in the south. Although the Vichy government's civil jurisdiction officially extended over both areas, in practice it proved difficult to assert its authority and maintain its sovereignty from the German occupiers, until in November 1942 even the southern zone was invaded.

---

[137] On this contradiction, see Rainer Hudemann, 'Zentralismus und Dezentralisierung in der französischen Deutschland- und Besatzungspolitik, 1945–1947', in Winfried Becker (ed.), *Die Kapitulation von 1945 und der Neubeginn in Deutschland* (Cologne and Vienna, 1987), 181–209.

[138] Lucius Clay, *Decision in Germany* (London, 1950), 10.

[139] William Strang, *Home and Abroad: An Autobiography* (London, 1956), 74.

[140] Charles de Gaulle, *Discours et Messages: Pendant la guerre, juin 1940–janvier 1946* (Paris, 1946), 484.

[141] Balfour, 'Four Power Control in Germany', 39.

[142] On the effects of the French veto, see e.g. Murphy, *Diplomat among Warriors*, 371.

The years between France's fall in 1940 and its liberation in 1944 were not simply a problem of external aggression or foreign occupation. The Vichy regime drew upon considerable domestic support, and it represented, in some ways, the latest manifestation of long-standing internal French antagonisms. In his study of European fascist movements, the sociologist Michael Mann observed that by 1940 France, like Germany, had seen decades of struggle between democratic and authoritarian forces. 'The main prewar protofascist theorists (Maurras, Barrès, Sorel) were French,' Mann points out, 'and France had the largest interwar authoritarian parties of both right and left in the north-west [of Europe] . . . Had the election due in 1940 been held (and in peacetime), the quasi-fascist PSF might have won over 100 parliamentary seats.'[143] Support for authoritarian or fascist movements was far from the only fault line dividing French society. Throughout the Vichy regime's existence and for years after its demise, French citizens were fiercely divided between republicans and anti-republicans, collaborators and resisters, members of the army and resistance fighters, aristocrats and class warriors, between the political Right and the Left, supporters and opponents of a managed economy, anti-religious forces and Catholics, Protestants, and Jews. The French political landscape reflected and enshrined these factions for decades to come, and gave rise to frequently clashing priorities and conflicting demands for control over the occupation of Germany.

Only after June 1944, when the Germans were ousted and the Vichy government was driven into exile, could France begin its ascent to the realms of Allied diplomacy, and eventually turn from an occupied into an occupying power.[144] Suddenly things were happening at great speed. Paris was liberated in August 1944. During the following weeks, as the Allied armies liberated much of French territory, de Gaulle built his provisional government and created or reformed the ministries which would tackle, among many other issues, France's military strategy and foreign policy. His stubborn insistence on France's involvement in world affairs soon saw some major successes. Until the autumn of 1944 French participation had not featured in Anglo-American plans for post-war Germany, but by November France had obtained both a seat on the EAC and a promise of a share in the occupation. Before the year was out, recruitment began for the first military

---

[143] Michael Mann, *Fascists* (Cambridge, 2004), 40. Robert Soucy, *French Fascism: The Second Wave, 1933–1939* (New Haven, 1995). On the debate about the importance of indigenous French fascism, see also Brian Jenkins (ed.), *France in the Era of Fascism: Essays on the French Authoritarian Right* (Oxford, 2005). Kevin Passmore, 'The French Third Republic: Stalemate Society or Cradle of Fascism?', *French History*, 7/4 (1993), 417–49.

[144] In Aug. 1944 the Vichy government established a government in exile, the Commission gouvernementale française pour la défense des intérêts nationaux, based in Sigmaringen (soon to be in the French zone of Germany), headed by Fernand de Brinon. This was dissolved on 22 Apr. 1945; most of its members were eventually sentenced by the new provisional government. Brinon was executed on 15 Apr. 1945. Philippe Pétain (who had not gone on to Sigmaringen) was sentenced to death for treason, but his sentence was commuted to life imprisonment. See e.g. William L. Shirer, *The Collapse of the Third Republic: An Inquiry into the Fall of France in 1940* (New York, 1969). Henry Rousso, *Pétain et la fin de la collaboration: Sigmaringen 1944–1945* (Brussels, 1999).

---

government teams for France's German zone,[145] even before the territory to be occupied by France was formally agreed.

French participation in the military government of Germany only became a matter of fact in autumn 1944, when Eisenhower and SHAEF began to plan for French troops' participation in the attack on Germany. Initially, French personnel were to participate in military government detachments under American and British command. But by October 1944, SHAEF's plan for military government operations built on the assumption that French forces would be responsible for military government in the areas occupied by them, and that their detachments would be under French command. This revision presented another victory for de Gaulle's efforts to expand France's role in the occupation. As one American historian put it, SHAEF's G5 officers feared that 'any proposal to deprive the French of the power to command would lead to violent reactions'.[146] France was still not formally allocated its occupation zone until February 1945, just three months before the end of the war.

De Gaulle's provisional government took its first concrete steps in occupation matters with the creation of the Military Mission for German Affairs (Mission Militaire pour les Affaires Allemandes, MMAA) in November 1944—an office directed by General Koetz, but directly responsible to de Gaulle, charged with both representing French interests on the Allied High Command and liaising between the different French ministries. These first preparations focused almost exclusively on personnel and recruitment. Under Koelz's leadership this office recruited officers for the French Administrative Corps for Germany (Corps d'Administration Militaire Française en Allemagne, AMFA), and by the end of 1944 had put together the first contingents. AMFA's frustrations about recruitment at a time of acute personnel shortages mirrored those encountered by the other occupiers. Because the ministries insisted on keeping qualified and competent staff in Paris, the military administration soon filled up with lower-ranking officers and with old retired officials of questionable abilities or dubious political pasts.[147]

In the absence of clear French instructions, and with little time to prepare, the French military relied heavily on American and British preparations. In their training of staff, the French immediately asked SHAEF for assistance. The French School of Military Government opened at the Sorbonne in December 1944, where American and British officers, together with French academics such as Edmond Vermeil, taught short courses on German history, geography, politics, and psychology, and occupation policies.[148] Just like their colleagues at the CATS in the US, many of those who taught here later occupied military government posts in

---

[145] Reinhard Grohnert, *Die Entnazifizierung in Baden 1945–1949: Konzeptionen und Praxis der 'Epuration' am Beispiel eines Landes der französischen Besatzungszone* (Stuttgart, 1991), 11–12. Also see Klaus-Dietmar Henke, 'Aspekte französischer Besatzungspolitik in Deutschland nach dem Zweiten Weltkrieg', in *Festschrift für Helmut Krausnick zum 75. Geburtstag* (Munich, 1980), 169–91, at 178.

[146] See Joseph R. Starr, *Denazification, Occupation and Control of Germany, March–July 1945* (1950; Salisbury, 1977), 9.

[147] Grohnert, *Die Entnazifizierung in Baden*, 11 ff.

[148] Grohnert, *Die Entnazifizierung in Baden*, 12–13.

Baden-Baden, including Charles J.Furby, later general director of justice, and the radical politician Jean Filippi, who had been chief of the Financial Department under Pétain and became director general of economy and finance.[149] By 30 December 1944, 218 French officers had graduated from the School, and 27 Americans and 13 British officers had taken part in their training.[150] Some French occupation personnel also attended courses on German language, history, culture, and economy at the Centre d'Études Germaniques in Strasbourg.[151]

Throughout this time and well into the beginning of the occupation, instructions to French officers remained very sparse. One of the few guides available to French personnel was the SHAEF *Handbook for Military Government in Germany*, initially only in English, until a French translation was completed in December 1944 and published in March 1945.[152] Concrete French directives on general occupation policy only appeared months after French troops had already begun their occupation duties, when the Comité Interministériel des Affaires Allemandes et Autrichiennes (CIAAA) issued its first instructions to General Koenig in late July 1945, and even then French officers were bound by the priorities, inconsistencies, and contradictions of the SHAEF manuals.

CONCLUSIONS

The moral fronts were clear as the British, French, Soviet, and American troops made their way into Germany: it was in the interests of the peaceful and peace-loving nations that the Nazi regime should be defeated, and that after defeat, an occupation by the victorious wartime partners would ensure the eradication of any lingering remnants of Nazism, whether ideological, economic, industrial, or structural. German military and industrial capacities would have to be restricted, and German society would have to be cleansed and forcibly steered towards a better, peaceful, 'democratic' path. Throughout the planning period, probable areas of conflict and potential blemishes on this moral certainty were kept to a minimum.

At first policy stemmed from an early default level of preparations, based upon the assumption that Germany was fundamentally like any other country about to be occupied; after the Morgenthau debate a more considered 'hard peace' developed, based upon widely shared views of Germany and the Germans, but stopping

---

[149] Grohnert, *Die Entnazifizierung in Baden*. See portraits in Claude Albert Moreau and Robert Jouanneau Irriera, *Présence Française en Allemagne: Essay de géographie cordiale de la Zone Française d'Occupation* (Paris, 1949). On Filippi, see Del Vayo, 'The People's Front', *The Nation*, 16 Nov. 1946.

[150] Starr, *Denazification*, 9.

[151] Christiane Falbisaner-Weeda, 'Mémoires des officiers stagiaires au Centre d'Etudes Germaniques dans l'entre-deux-guerres', *Revue d'Allemagne*, 34/3 (2002), 327–45.

[152] A French translation was completed by Dec. 1944, and published in Mar. 1945 as *A.M.F.A. Mémento pour les Officiers de Détachements de Gouverment Militaire*. Jérôme Vaillant, 'Bedeutung und Ausmaß des französischen Einflusses auf die kulturelle Entwicklung im Nachkriegsdeutschland', in Vaillant (ed.), *Französische Kulturpolitik in Deutschland, 1945–1949: Berichte und Dokumente* (Konstanz, 1984), 11. Grohnert, *Die Entnazifizierung in Baden*, 13. Also see COL, AC 836, Enemy Branch, Foreign Office and Ministry of Warfare, London, 'Germany Basic Handbook', Aug. 1944.

---

short of the US Treasury secretary's recommendations. Late in the day, the Soviet and French authorities attempted to develop their own procedures, guided by their security and economic priorities.

As the Allied troops entered Germany, the public health problem raised a number of issues that were morally and politically not nearly clear-cut. The problem of how epidemic work could proceed within a population under foreign occupation, with whose resources and under whose control, was not adequately solved. Other contradictions also remained. The notion that Allied supplies to Germany were to be strictly limited and that the overwhelming burden of work was to rest with existing authorities was accompanied by a conviction that German society, and its health service, should be thoroughly cleansed of Nazi influence and personnel. The inherent clash between the decision to assign the overall responsibility for epidemic work to German doctors, and to simultaneously restrict which Germans could then be allowed to carry out this work, was not paid the attention it would later require. More generally, Anglo-American planning staffs at this time made a number of assumptions which later proved unrealistic. Contrary to their expectations, there was no longer a functioning German administration; the occupation was not brief; and the principle of indirect rule, which had been so successful in the British Empire, was not easily implemented.

One assumption that was particularly detrimental to later public health programmes was the Allies' overestimation of German conditions. Many Anglo-American proposals presented a positive picture of the conditions their officers were going to encounter in Germany. This had important implications. Military government health departments were very small at the outset, since officers were there to supervise the German authorities and control them indirectly, not to carry out the work themselves. The idea that the German standard of living would have to be restricted rather than raised also contained important consequences for public health work. Amid fears that America and Britain were at risk if German industrial strength and military power were not reduced permanently, the German health service was identified as one element of the German war machinery. This overestimation also symbolized the extent to which the American and British planners were convinced about the inherent efficiency and functionality of German health and medical organization. Many of the medical officers we have encountered in this chapter believed that the German health administration was so efficient as to need no post-war changes beyond the removal of dangerous Nazi personnel and the annulment of explicitly fascist laws.

Both Soviet and French preparations for the occupation took place not just in the shadow of Anglo-American authorities and priorities, but also in the light of their own security concerns and economic agendas. For both countries, the Second World War began with German invasion, and for both this revived and entrenched much longer-standing anxieties about the German threat. Soviet and French thinking about their occupation of Germany was shaped by the all-important priorities that Germany had to be prevented from conducting another war against them, and that their own economies had to be rebuilt at Germany's expense. To both, German public health only had marginal impact beyond their own security. Competing interests within each

country, and, for France, a serious shortage of time, meant that neither occupier arrived in Germany with a clear idea about public health operations beyond the immediate emergency stage, and both drew heavily on SHAEF preparations. Within SHAEF, the framework in which preparations for public health work were made, substantially limited the reach of Allied health work on German soil. Health schemes were designed to accompany and bolster Allied military operations. The extent of destruction and chaos in Germany, the enormous population upheavals, the severe supply shortages, and the absence of any central German organization to be able to take charge—none of this had been foreseen by the Allied health planners. An overestimation of the Germans' standard of living and an underestimation of the Allied public health task in Germany went hand in hand.

3

'Can we distinguish the sheep from the wolves?':[1] Émigrés, Allies, and the Reconstruction of Germany

Around half a million people fled Germany and Austria in the years after the National Socialists took power and spent the next decade or longer in exile in a number of countries.[2] This chapter looks at a minority among them: the German émigrés who wanted to return to Germany after the war. It juxtaposes their ideas about the reconstruction of the defeated country with the ways in which the Allied governments thought about and dealt with them. Their relationship is crucial to understanding what happened in the occupation zones after 1945, and in no field was this so visible as in medicine and public health.

The chapter seeks to remedy a long-standing omission. The study of emigration and exile is by now a well-established academic field, and the German-speaking emigration after 1933 has received more attention than any other, not least by historians of science and medicine.[3] However, the *return* of émigrés after 1945 has not featured in this literature. Only in recent decades have historians begun to examine the phenomenon at all systematically, and have coined the term 're-emigration' or 'remigration'.[4] These studies have identified psychological factors which shaped individuals' experiences of return, and argued that it was primarily the individual personalities and inclinations of the returning émigrés that were the

---

[1] TNA, FO 371/46835, D. Carter (Trading with the Enemy Department) to J. M. Troutbeck (German Department), 24 Aug. 1945.

[2] Michael F. Scholz, *Skandinavische Erfahrungen erwünscht? Nachexil and Remigration, Die ehemaligen KPD Emigraten in Skandinavien und ihr weiteres Schicksal in der SBZ/DDR* (Stuttgart, 2000).

[3] Work on émigré physicians includes Mitchell G. Ash and Alfons Söllner (eds.), *Forced Migration and Scientific Change: Émigré German-Speaking Scientists and Scholars after 1933* (Cambridge, 1995). Gerhard Baader, 'Politisch motivierte Emigration deutscher Ärzte', *Berichte der Wissenschaftsgeschichte*, 7/2 (1984), 67–84. Paul Weindling, 'Frauen aus medizinischen Berufen als Flüchtlinge in Großbritannien während der 1930er und 1940er Jahre', in Ulrike Lindner and Merith Niehuss (eds.), *Ärztinnen—Patientinnen: Frauen im deutschen und britischen Gesundheitswesen des 20. Jahrhunderts* (Cologne, 2002), 111–30. Paul Weindling, 'The Contribution of Central European Jews to Medical Science and Practice in Britain, 1930–1960', in Werner E. Mosse (ed.), *Second Chance: 2 Centuries of German-speaking Jews in the United Kingdom* (Tübingen, 1991), 243–54. Kathleen M. Pearle, *Preventive Medicine: The Refugee Physician and the New York Medical Community, 1933–1945* (Bremen, 1981).

[4] See e.g. Scholz, *Skandinavische Erfahrungen erwünscht?* Marita Krauss, *Heimkehr in ein fremdes Land: Geschichte der Remigration nach 1945* (Munich, 2001). Karin Hartewig, *Zurückgekehrt: Die Geschichte der jüdischen Kommunisten in der DDR* (Cologne, 2000). Laura Fermi, *Illustrious Immigrants: The Intellectual Migration from Europe, 1930–1941* (Chicago, 1968).

most significant determinants of their post-exile lives.[5] This chapter, by contrast, tries to understand the structural constraints within which émigrés acted, and the extent to which their choices about their return to Germany were confined or encouraged by the Allies.

Who wanted to return voluntarily to a defeated, bombed-out country under Allied control? Numbers are difficult to estimate, but it is clear that only a fraction of émigrés expressed an interest in returning permanently to Germany after the war. It was particularly those who had left because of political persecution under the Nazi regime, who were most likely to go back: around half of the 30,000 German political émigrés eventually returned to Germany.[6] The Jewish-Italian writer and political activist Laura Fermi, who emigrated to the US with her Nobel Prize-winning husband, Enrico Fermi, wrote a study of the intellectual migration from Europe. The earliest group of 'returnees', she wrote, consisted of 'statesmen, political leaders, and others who hoped to assist in the reconstruction of their countries'. She observed that they were in the minority, and even many of those formerly in the political limelight now preferred to 'remain quietly'.[7] This reluctance to return characterized large sections of the émigré communities all over the world, but applied particularly to those of German origin. If half of political exiles returned to Germany, that rate was significantly lower among those who had left because of racial or religious persecution; only around 5 per cent returned.[8] Some professions were more likely to consider a return, but doctors did not feature prominently in the move back. The historian Hans-Peter Kröner estimated that between 9,000 and 10,000 German-speaking émigrés had worked in the medical professions, and only around 5 per cent went back after the war.[9]

Many of those who returned to Germany were motivated by an absence of opportunities for medical practice in their countries of exile. Others, however, were driven by their desire to take an active part in the reconstruction of Germany and its public health system, and it is those that this chapter examines. It contrasts the different occupiers' responses to their requests to assist in the rebuilding of Germany: British and American authorities frequently rejected cooperation with these émigrés, usually regardless of their political orientations; the Soviet government liaised with a set of politically useful Germans in Soviet exile who worked under Moscow's direction. The French authorities were between these two approaches: although they distrusted and rejected many of the émigrés' claims, they were prepared to work with individuals and groups who supported their aims.

---

[5] Krauss, *Heimkehr in ein fremdes Land*, 11.

[6] Krauss, *Heimkehr in ein fremdes Land*, 11. Also see Werner Röder, 'Die politische Emigration', in Claus Dieter Krohn et al. (eds.), *Handbuch der deutsch-sprachigen Emigration, 1933–1945* (Darmstadt, 1998), 16, 23. Krohn estimates that 60 per cent of political émigrés returned, see pp. 1 and 158.

[7] Fermi, *Illustrious Immigrants*, 385–6.

[8] See Krauss, *Heimkehr in ein fremdes Land*.

[9] Hans-Peter Kröner, 'Die Emigration deutschsprachiger Mediziner im Nationalsozialismus', *Berichte zur Wissenschaftsgeschichte*, 12 (1989); Hans-Peter Kröner, 'Medizin' in Krohn et al. (eds.), *Handbuch der deutsch-sprachigen Emigration*, 783, 789.

All four occupiers' attitudes to collaboration with exiles were shaped by their diagnosis of the German problem.

ÉMIGRÉ ORGANIZATIONS: THE 'FREE GERMANY' MOVEMENT'

A complex network of émigré groups and organizations developed in countries across the world between 1933 and 1945. Most political shades and convictions were represented, and there were also many non-political groups: cultural and self-help associations. These organizations were the forum where many exiles examined and debated the possibilities of a regenerated and reconstructed Germany and prepared programmes for the future, some of which dealt specifically with a public health system. A useful example of émigrés' activities, and the occupiers' responses to them, is the various branches of the so-called 'Free Germany movement', a network of communist-run groups.

The Free Germany movement was a series of multi-party associations that developed in many of the prominent countries of exile, including the Soviet Union, France, Mexico, the United States, the United Kingdom, Switzerland, and Sweden. Most of these groups were organized and directed by communists, but they also contained various socialist, liberal, and even conservative émigrés. Following the 1935 Comintern congress and its new popular front strategy, communists had been attempting to build such multi-party alliances.

The initial template for groups in the movement came from the Free Germany National Committee (Nationalkomitee Freies Deutschland, NKFD) in Moscow, made up of exiled German communists and 're-educated' prisoners of war. It got off the ground after the German defeat at Stalingrad, through which large numbers of German soldiers entered Soviet captivity. Some were willing to renounce fascism, and as such were seen as suitable material for communist re-education. In July 1943, thirteen communist émigrés and twenty-five POWs signed a manifesto, calling on the German population and the Wehrmacht to join the fight against Hitler, and supporting a democratic and socialist renewal of Germany.[10] The signing of the NKFD's manifesto was intended to initiate the formation of similar groups across the globe, but as Georgy Dimitrov, general secretary of the Communist International, noted in his diary in August 1943, the creation of similar groups in Hungary, Romania, and Italy was considered but, 'owing to unfavourable discussions in England and America regarding the German Free Germany committee', never took place.[11]

---

[10] There is a large historiography on the NKFD. For an overview see Hartmut Mehringer, 'Deutsche Emigranten im Nationalkomitee "Freies Deutschland"', in Krohn et al. (eds.), *Handbuch der deutsch-sprachigen Emigration*, 629–37.

[11] Ivo Banac (ed.), *The Diary of Georgi Dimitrov 1933–1949* (New Haven, 2003), 16 Aug. 1943, 284. See also 24 May 1943, 276–7.

The NKFD's strategy was to encourage opposition to Hitler within Germany and the Wehrmacht through radio, newspapers, and leaflets, and to set up antifascist schools in POW camps. From January 1944 onwards, members also worked with the Red Army, using loudspeakers or leaflets to call directly on German units to desert and surrender. Precisely what the Kremlin's intentions were with the NKFD was much debated in London, Washington, and Paris. Some analysts watched with alarm what they feared was the beginning of a separate Soviet peace with Germany; others saw the NKFD as a merely a propaganda tool, which the other Allies would do well to imitate.[12] According to Dimitrov, Stalin initially seemed to have envisaged a more far-reaching role for the group, including '[t]he struggle to save Germany from ruin, for restoring the democratic rights and freedoms of the German people, for the establishment of a parliamentary order, and so on'.[13] But as the war wore on, the Soviet government lost interest in the committee, partly because the failed coup of July 1944 had ended hopes for a revolution within Germany. Nonetheless, it closely monitored its activities, and, once the occupation of Germany was about to commence, drew upon the NKFD's plans and preparations.

German émigrés in the NKFD were often also active in several different, overlapping institutions. Some worked in the German Communist Party's (KPD) exile organization, others worked as instructors in German POW camps. Others were active in the Soviet Army or in the Seventh Department of the Political Administration of the Army. A number were also involved in the Comintern, or, after its dissolution, in the Department of International Information of the Soviet Party's Central Committee. These overlapping networks of both formal organizations and informal gatherings were an important characteristic of the world of the German exile. In Moscow, they helped to anchor some émigrés in Soviet institutions and connected them, directly or indirectly, to Soviet officials and authorities. One of the most prominent was Maxim Zetkin, a German doctor who later became a leading authority of the Soviet zone's health system.[14] In the 1920s he had accompanied his mother, the well-known German communist leader Clara Zetkin,[15] to

---

[12] e.g. Memorandum by James Grafton Rogers (OSS Planning Group) to the Joint Chiefs of Staff, 'Manifesto to the German People by the Moscow National Committee of Free Germany', 6 Aug. 1943; report from Lanning Macfarland (OSS Istanbul) to OSS Washington, 'Free Germany Movement under Anglo-American Auspices', 3 Nov. 1943; report by OSS Research and Analysis Branch: 'Free Germany: An Experiment in Political Warfare', 26 Nov. 1943; 'Minutes of a Meeting of the OSS Planning Group: Propaganda Use of Free Germany Committees', 4 May 1944; telegram from Allen W. Dulles (OSS Bern) to OSS Washington, 'How should the United States react to the Russian Free German Committee', 5 Feb. 1945; all printed in Jürgen Heideking and Christof Mauch (eds.), *American Intelligence and the German Resistance to Hitler: A Documentary History* (Boulder, Colo., 1996). Also see Heike Bungert, *Das Nationalkomitee und der Westen: Die Reaktion der Westalliierten auf das NKFD und die Freien Deutschen Bewegungen 1943–1948* (Stuttgart, 1997).

[13] Banac (ed.), *Diary of Georgi Dimitrov*, 12 June 1943, 280.

[14] Jentzsch estimated that 300 of 4,000 NKFD members in 1944 were doctors, see Jentzsch in Kurt Kühn (ed.), *An der Seite der Arbeiterklasse: Beiträge zur Geschichte des Bündnisses der Deutschen Arbeiterklasse mit der medizinischen Intelligenz* (Berlin, 1973), 157.

[15] Clara Zetkin had played a crucial role in the establishment of the Communist Party of Germany and the Comintern. She was a friend of Lenin, and married a Polish revolutionary, Maxim's father.

---

several Comintern congresses, and worked for a number of Comintern missions.[16] He qualified as a doctor in 1909 in Stuttgart. After working at a number of German clinics immediately after the First World War, he was invited to practise surgery in Moscow.[17] For several years, he moved between Germany and the USSR, before emigrating in the late 1920s. He worked at prestigious Soviet medical institutes such as the First and Fourth Moscow City Hospitals and the surgical clinic of the Second Moscow Medical Institute. From 1936 to 1939, he served as a doctor in the International Brigades in Spain, and from 1942 to 1945 as a military surgeon in the Caucasus.[18] Along with only a very small number of German-born émigrés, Zetkin even joined the Soviet Communist Party.[19]

The leadership of the KPD in Moscow, particularly Walter Ulbricht and Wilhelm Pieck, directed the work of the NKFD and its post-war plans. The KPD had been supervising the propaganda used for German soldiers in Soviet captivity, and had emphasized the need to train personnel to return to Germany. Pieck and Ulbricht, together with the NKFD, constructed plans for future appointments of individuals to specific jobs and functions, producing long cadre lists in the process.[20] Apart from its work with the NKFD, the KPD leadership was active in the context of the Comintern-organized German commission which was to investigate policy for the post-war period.[21] It also formed its own work commissions and task forces to prepare for German reconstruction.[22] A number of émigrés assisted the Soviet commanders in dealing with civilian populations of the German regions overrun by the Red Army, and, finally, in April and May 1945, several groups of them returned to Germany.[23]

Although not officially sanctioned by the Soviet authorities or those of the host countries, the NKFD stimulated the foundation of similar groups elsewhere, and gave new direction to existing organizations. One of the largest Free German groups to be established after July 1943 operated in France, under the name of 'Free Germany Committee for the West' (often referred to by its French name, Comité Allemagne Libre Pour l'Ouest, CALPO).[24] Its president, an émigré communist from the Saar, Otto Niebergall, later remembered that hearing about the

---

[16] BBAW, Zetkin Nachlaß, 'Abschrift vom Lebenslauf', 7 Mar, 1947; 'Lebenslauf', 14 Jan. 1951; 'Reise im Auftrag der Komintern von Moskau nach Vologda', 13 Feb. 1922.

[17] BAB, DQ1/1614, 'Charakteristik der Präsidenten und Abteilungsleiter', 2 Apr. 1946.

[18] Helmut Müller-Enbergs et al. (eds.), *Wer war wer in der DDR?* (Bonn, 2001).

[19] BBAB, Zetkin Nachlaß, 'Lebenslauf von 1946', 22 Sept. 1946. Another example was Frida Rubiner.

[20] 'Besprechung Wilhelm Piecks mit Georgi Dimitroff, Handschrittliche Notizen von Wilhelm Pieck, 9 August 1944', in Gerhard Keiderling (ed.), *'Gruppe Ulbricht' in Berlin, April bis Juni 1945: Von den Vorbereitungen im Sommer 1944 bis zur Wiedergründung der KPD im Juni 1945* (Berlin, 1993), 118–24.

[21] Banac (ed.), *Diary of Georgi Dimitrov*, Nov. 1942, 212.

[22] BAB, SgY12 files, also Wolfgang Leonhard, *Das kurze Leben der DDR: Berichte und Kommentare aus vier Jahrzehnten* (Stuttgart, 1990), 13–14.

[23] See Ch. 7 for more details.

[24] Gilbert Badia, in Eveline and Yvan Bres, *Un Maquis d'antifascistes allemands en France, 1942–1944* (Montpellier, 1987), 10. Also see Bungert, *Das Nationalkomitee und der Westen.* Karlheinz Pech, *An der Seite der Resistance: zum Kampf der Bewegung 'Freies Deutschland' für den Westen, 1943–1945* (Berlin, 1974).

---

establishment of the NKFD was of 'enormous political significance' for him and his fellow émigrés.[25] Listening to the manifesto being read out on the radio, they copied, printed, and distributed it among German soldiers in France, and began to think about similar associations in France. An appeal to found CALPO was published in the October issue of the émigré communist propaganda paper *Volk und Vaterland*, and its inaugural meeting took place in November 1943. In spite of Niebergall's influence, communists formed a minority in this group, and social democrats (particularly from the Saar), former members of the Zentrum Party and the Deutsches Volkspartei (DVP), and German officers of the Wehrmacht were all well represented.[26] The group became the centre of German popular front work in France (including Free German committees in Toulouse, Lyons, and Marseilles), Belgium, and Luxembourg. It focused on encouraging Wehrmacht deserters, and published several newspapers and pamphlets for this purpose.[27]

Members of CALPO also participated in several overlapping political institutions and networks in France. CALPO was supported by the French Communist Party (PCF), who had in autumn 1940 created a special branch of the Resistance dedicated to infiltrating the German fascist and Vichy authorities—the Travail Allemand (TA, also known as Travail Anti-Allemand)—and had recruited German-speaking émigrés to work in this body. Even older was the Main d'Œuvre Immigrée (MOI), a group created by the PCF in 1924 as an umbrella organization for refugees living in France. Its German sub-branch was flooded with émigrés who came to France after 1933 and 1935. Discussions between members of the KPD exile group, the PCF's central committee, the TA, and the MOI pre-dated the creation of CALPO, and signalled the degree to which this body, like that in Moscow, was connected with certain French political institutions. Both the PCF and MOI recognized CALPO as a legitimate German resistance group. In April 1944, CALPO was also recognized as an official German branch of the resistance by the Conseil National de la Résistance (CNR, which existed from May 1943 as the official authority of the various Resistance groups in France), which meant that it could now join the Maquis in southern France.[28]

---

[25] Otto Niebergall, 'Der antifaschistische deutsche Widerstandskampf in Frankreich—seine Leitung und Entwicklung', in Dora Schaul (ed.), *Résistance: Erinnerungen deutscher Antifaschisten* (Frankfurt, 1973), 51.

[26] Members included Karl Hoppe (SPD from Saar), Dr Wilhelm Leo (SPD), Wilhelm Tesch (DVP), Prof. Dr Heinrich W. Friedemann (Zentrum), D. Kümmel (Zentrum), R. Klein (trade unionist), Feldwebel Arno Müller (DNVP), Obermaat Hans Heisel (KPD), Karl Mössinger (SPD from Saar) and his wife Luise Schiffgens (SPD), Fritz Glauben (SPD from Saar), and Paul Hertzberg (SPD). See Werner Röder, *International Biographical Dictionary of Central European Emigres/Biographisches Handbuch der Deutschsprachigen Emigration nach 1933* (Munich, 1983). Niebergall had long been involved in popular front groups such as the 'Working committee for the preparation of a public front for the Saarland' (Arbeitsausschuss zur Vorbereitung einer Volksfront für das Saargebiet) in 1937.

[27] Initially *Soldat im Westen*, then *Volk und Vaterland* and *Unser Vaterland*. In Belgium and Luxembourg it published *Die Wahrheit*. Also see Free German Movement in Great Britain, *Free Germans in the French Maquis: The Story of the Committee 'Free Germany' in the West* (London, 1945).

[28] 'Maquis' (shrubland, underground) was used as a collective term for all units and groups of armed resistance fighters and partisans. According to Bungert the first written recognition dates from June 1944, after the CALPO representative for the southern zone met the CNR representative for the Toulouse region, see Bungert, *Das Nationalkomitee und der Westen*, 133. See also Henri Nogères, *Histoire de la Résistance* (5 vols., Paris, 1967). Gerhard Leo, *Frühzug nach Toulouse: Ein Deutscher in der französischen Résistance* (Berlin, 1992).

Apart from its propaganda work, CALPO's military commission also trained military cadres for the resistance and a possible partisan war on German soil. The British and American authorities turned down its offer of collaboration, but the French Forces of the Interior (Forces Françaises de l'Intérieur, FFI—the unified and centralized army of the French armed resistance) supported it. Around 100 German émigrés fought with the FFI in the battle for Paris. In August 1944, CALPO was allowed to send its members into the German POW camps.[29] And in early September 1944, some CALPO delegates went to the western front and fought with the First Paris Regiment. It seems to have prepared fewer detailed studies for the post-war period than other Free German groups, probably as a result of its concentration on military and POW work. Only after the liberation of Paris in August 1944 did this become more important. Niebergall later recalled how the liberation changed the nature of CALPO's work, not least because it received offices on the Boulevard Montmartre from the CNR and an official paper ration for its publications from the FFI.[30] It now prepared plans to assist the management of territory under Allied control, and its war crimes department compiled a list of 1,366 German individuals suspected of having committed war crimes because of their leading positions in the Gestapo and Sicherheitsdienst.[31] Although in late 1944 and early 1945 CALPO's relationships with the French authorities cooled significantly, many former CALPO members returned to Germany, some of them to the French occupation zone.

The group in Britain—the 'Free German Movement in Great Britain' (Freie Deutsche Bewegung in Großbritannien)—also prepared plans for the reconstruction of post-war Germany.[32] Its inaugural meeting took place in September 1943 in London, during which a twenty-three-member committee was elected (roughly half of whom were communists) and the manifesto was unveiled.[33] In its London base, in a series of regional groups throughout Britain, and in a variety of 'study groups'[34] it attempted to prepare plans for the immediate post-war period. One of the movement's leading members was the former KPD Reichstag deputy Wilhelm Koenen; another was the head of KPD Landesgruppe, Heinz Schmidt. But although communists dominated here, the membership, like that of CALPO, was more complex than was the case in Moscow. The social democrats in London had so far always rejected communist proposals to put the popular front strategy into action. This time, while the SPD (Sozialdemokratische Partei Deutschlands) leadership again rejected collaboration, stating that the old animosities between KPD and SPD had

[29] Barbara Vormeier, 'Frankreich', in Krohn et al. (eds.), *Handbuch der deutsch-sprachigen Emigration*.

[30] Niebergall, 'Der antifaschistische deutsche Widerstandskampf in Frankreich'.

[31] Vormeier, 'Frankreich', 242.

[32] e.g. Werner Röder, *Die deutschen sozialistischen Exilgruppen Großbritanniens* (Hanover, 1969). Jürgen and Margarete Kuczynski, 'Die "Freie deutsche Bewegung" in Grossbritannien', *Mitteilungsblatt der Arbeitsgemeinschaft ehemaliger Offiziere*, 7 (1963), 4–6.

[33] FO 371/39119, Count Potulicki (Secretary-General of the Inter-Allied Research Committee) to Mr Roberts (Foreign Office), 'Activities of the Free German Movement in Britain', London, May 1944. On its views on the NKFD, see Siegbert Kahn, *The National Committee 'Free Germany': Background, Tasks, Men* (London, 1943).

[34] e.g. Association of Anti-Nazi Doctors and Medical Workers, Study Group of German Children's Nurses, Study Group of Anti-Nazi Social Workers.

not been resolved,[35] a significant proportion of SPD members nonetheless joined the organization, even without the support of their leadership. The group's new chairman, Dr Karl Rawitzki, left the SPD as a result of their disagreements.[36]

Many of the ideas of the British group were similar to those of the NKFD and CALPO. Their manifesto pledged support of Allied policy on the defeat of Germany and its future occupation. Their aim, the manifesto stated, was to bring about the speedy fall of Hitler and to contribute to the reconstruction of an independent, healthy, and undivided Germany, purged of all remnants of Nazism and militarism.[37] The group addressed the British government in countless appeals, memoranda, and letters. Like in Moscow and Paris, POW work was considered crucial, because 'the largest reservoir of the forces for a democratic reconstruction of Germany is to be found among the German prisoners of war'.[38] They were to be targeted through radio broadcasts, books, and other propaganda work.[39] However, this work was not endorsed by the British government.

Another group inspired by the NKFD was the Council for a Democratic Germany, which was founded in May 1944 in New York by a number of German émigré intellectuals and politicians from various political backgrounds.[40] As a result of disputes very much like those in London, the right-wing of the SPD was not represented, but overall, the Council included a number of Catholics from a wing of the Zentrum Party, socialists from a range of affiliations, communists, non-partisan democrats, and a few Protestants. Although communists were much less represented here than in the British and French groups, accusations regarding its closeness to Moscow persisted.[41] The Council supported Allied policy and the earliest possible defeat of Germany, but at the same time also voiced concern that the 'good, non-fascist' Germany had not been given a proper voice. To counter this, it proclaimed, it was necessary to unify anti-Nazi forces abroad, and to identify representatives of a new Germany who could contribute to its reconstruction.

Although the New York Council welcomed the Soviet use of émigrés in principle, it dismissed the Moscow Committee as lacking in independence. The council

---

[35] BL, 1884.b.25, 'Open letter from the London representative of the German Social Democratic party Wilhelm Bander to Mr Kuczynski' [Sept. 1943].

[36] August Weber, 'Der Zusammenschluß der Hitlergegner', in Freie Deutsche Bewegung, *Ziele und Aufgaben* (Feb. 1944). Also see Anthony Glees, *Exile Politics during the Second World War: The German Social Democrats in Britain* (Oxford, 1982).

[37] e.g. see the correspondence of the Free Germans with the British Foreign office. FO 371/39119, 'Manifesto of the Free German Movement in Great Britain', 5 June 1944; 'Memorandum on proposed activities of the Free German Movement in Great Britain for mobilising anti-Nazi refugees from Germany in support of the Second Front', [June 1944]; 'The Free Germans to the British People', 7 June 1944. FO 371/39120, 'The Co-operation of the movement "Free Germany" in the re-building of democratic institutions in Germany', 31 Oct. 1944.

[38] FO 371/39120, 'The Co-operation of the movement "Free Germany" in the re-building of democratic institutions in Germany', 31 Oct. 1944.

[39] FO 371/39120, 'Draft of a 4 weeks' broadcasting programme (of daily 15 minutes), and some additional programme suggestions', 17 July 1944.

[40] Ursula Langkau-Alex and Thomas Ruprecht (eds.), *Was soll aus Deutschland werden? Der Council for a Democratic Germany in New York, 1944–1945: Aufsätze und Dokumente* (Frankfurt, 1995). James K. Lyon, *Bertolt Brecht in America* (London, 1982).

[41] FO 371/39119, report by J. Wheeler-Bennet on the Council for a Democratic Germany, 3 May 1944.

---

argued that its most important role was to advise and influence the US administration's preparations for a future occupation of Germany, and to provide informed and politically aware background briefings. Within the council, until its formal dissolution in June 1945, a number of specialist committees dealt with specific features of the new Germany. POW work was also considered essential here. Convinced of the need to separate Nazi POWs from the other soldiers who could be re-educated—and dismayed by reports of the failure of American officials to contain attacks on antifascist prisoners—the council urged the US War Department to cooperate. However, just as was the case in Britain, none of the council's proposals were recognized or used by the American authorities, nor did they consider cooperation with other groups of German exiles.

In sum, here were four similar-minded sets of German émigrés in four different environments. Politically active doctors were represented in many Free German groups, including those not discussed here. (Kurt Winter, for example, was active in the Swedish group and Rudolf Neumann in Mexico—both men will appear again in later chapters since they worked for the health service in the Soviet zone). Each of those groups sought to cooperate with its host country's authorities, and each attempted to participate in the future German reconstruction. A comparison of their results highlights crucial differences between the different Allies.

PLANS FOR THE RECONSTRUCTION OF GERMANY

Many émigré groups and individuals never lost sight of what they perceived to be their function in the new Germany (see, for example, the cover page of the émigré paper *Inside Nazi Germany*, Fig. 3.1). Their work accelerated in early 1943, in direct response to the Casablanca conference and its call for an unconditional surrender. In émigré circles this announcement was greeted with relief, since it made the defeat of Germany only a matter of time. But it also posed a direct threat to their legitimacy as representatives of any future Germany. They had not been recognized by most Allied authorities as legitimate representatives of German interests, and they had not been officially included in the planning process. An internal German revolt, which might have justified their claims, had not happened. Nonetheless, even without this official backing the plans developed in émigré circles looked at what ought to happen to Germany. Some focused on ways of toppling the Hitler regime from the inside. Many tried to explain the mistakes of the Weimar period, and made recommendations for a second post-war reconstruction. Many also concentrated on some of the immediate problems likely to arise in the aftermath of war, such as the huge population movements and expulsions of Germans from Eastern European countries, the management of German POWs, the implementation of denazification procedures, and the issue of restitution.[42]

[42] On some Free German groups' plans for restitution schemes, see e.g. Constantin Goschler, *Wiedergutmachung: Westdeutschland und die Verfolgten des Nationalsozialismus, 1945–1954* (Munich, 1992), 30–8. Also see Constantin Goschler, *Schuld und Schulden: Die Politik der Wiedergutmachung für NS-Verfolgte seit 1945* (Göttingen, 2005).

Figure 3.1. 'Germany is Not Hitler!', *Inside Nazi Germany*, February 1940

Some plans looked specifically at the reconstruction of the German public health system, as the following two examples show.

The first comes from the Council for a Democratic Germany in New York. Among the various committees and study groups of the Council was a welfare

committee (*Fürsorgeausschuß*), which looked at questions ranging from the care of POWs in the United States to public health reforms in post-war Germany. Its president was the endocrinologist Felix Boenheim, a Jewish communist, who had formerly been a senior consultant for internal medicine at the Hufeland Hospital in Berlin.[43] Käte Frankenthal (a former member of the Prussian Diet and Berlin City Council, and one of the main SPD health policy specialists) and Kurt Glaser (a dermatologist who had been a long-serving SPD city councillor) were also actively involved.[44] In the autumn of 1944, Boenheim, Frankenthal, and Glaser composed a draft on medical and health policy issues.[45] It began by stating that the total destruction of all remnants of Nazism and militarism was an obvious precondition for any democratic reconstruction. First measures would have to be directed towards the containment of epidemics, both among the military and the civilian populations, for which adequate provision of clean water, soup kitchens, basic food and medical supplies would be essential. It would also be crucial to develop centralized medical clinics in each region, equipped with the necessary apparatus and the full range of medical specialists. Destroyed hospital buildings would have to be rebuilt as soon as possible. Shortages in medical supplies would have to be contained in the first instance by using stocks in German military depots. The authors anticipated a shortage of doctors and trained medical personnel as the central problem. This could be overcome, they argued, through the reinstatement of those sacked after 1933 for racial or political reasons, particularly those currently in exile or imprisonment. This point was made repeatedly, but also generated the greatest disagreements with the future occupiers.

In the spring of 1945, Glaser, Frankenthal, and Boenheim completed a more substantial memorandum on the reconstruction of the German health system.[46] Beginning with a detailed description of Nazi reforms and the likely state of the health service after the war, the authors listed measures which, they claimed, were not overly idealistic but explicitly 'practical' and 'pragmatic', and which built upon the flourishing native German public health traditions before 1933. Measures for the transitional post-war period mirrored those formulated earlier. It would be in the Allies' interest, the authors argued, to maintain the health of the civilian population, since epidemics would not stop outside the quarters of their own troops. There would be an immediate need for food, and released concentration camp victims and political prisoners were to be given higher rations than the population

[43] Thomas Michael Ruprecht, *Felix Boenheim: Arzt, Politiker, Historiker: Eine Biographie*, (Hildesheim, 1992). Stephan Leibfried and Florian Tennstedt (eds.), *Council for a Democratic Germany: Fürsorge-Ausschuss, Unter-Ausschuss für ein deutsches Gesundheitsprogramm* (Bremen, 1981).

[44] Kurt Glaser, *Vom Reichsgesundheitsrat zum Bundesgesundheitsrat: Ein Beitrag zur Geschichte des deutschen Gesundheitswesens* (Stuttgart, 1960). Bernhard Meyer, 'Eine Medizinerin in der Politik: Die Ärztin Käte Frankenthal (1889–1976)', *Berliner Monatsschrift* (1999), 67–72. Käte Frankenthal, *Der dreifache Fluch: Jüdin, Intellektuelle, Sozialistin: Lebenserinnerungen einer Ärztin in Deutschland und im Exil* (Frankfurt, 1981).

[45] 'Denkschrift für Sofort-Maßnahmen', in Langkau-Alex and Ruprecht (eds.), *Was soll aus Deutschland werden?*, 215–29.

[46] 'Aufbau eines demokratischen Gesundheitswesens in Deutschland', in Langkau-Alex and Ruprecht (eds.), *Was soll aus Deutschland werden?*, 230–47.

at large. Basic utilities such as gas, water, and electricity would have to be restored. Medical supply and services should be centralized into 'treatment centres'.[47]

In the 1920s, all three authors had been active in the multi-party Association of Socialist Doctors, and their 1945 memorandum developed many of those older ideas. They acknowledged the Beveridge Report, the work of the US National Resources Planning Board, and the proposals of the American Public Health Association as important influences on their proposals, but in substance their recommendations drew upon their interwar public health work in Germany. They urged the formulation of a centrally directed, integrated, and socially oriented health policy. Proposals included the creation of a central ministry of health and the replacement of the various insurance bodies by a single new institution, run by the members themselves. Both demands had featured frequently in the association's work. They recommended that insurance bodies become much more involved with preventive medicine, just as had partly been the practice in 1920s Berlin. Other demands in this programme also rearticulated older concerns, such as a new kind of occupational medicine. The 'treatment centres' were to become the main components of the new health system, in which most important medical disciplines and specialities were to be represented and accessible. The programme also contained recommendations on how the medical profession was to be dealt with under Allied control. The authors unequivocally condemned Nazi medicine and argued that even in the face of the likely grave shortages of medical personnel in post-war Germany, the temptation to relax denazification efforts would have to be resisted. Doctors' responsibility for the barbarous acts that had been committed could not be ignored, they insisted, and their programme demanded the strictest punishment and permanent controls, as well as a complete restructuring of the medical syllabus.

Similar plans were drawn up in other émigré quarters and outside the Free German groups. A second example is Dr Hugo Freund, who in October 1945 approached the British Foreign Office with a proposal for the reconstruction of the German health service.[48] Freund, a member of the SPD, had emigrated from Germany to Palestine in 1933, and, he assured Philip Noel-Baker, certainly had enough experience with German public health: he had been in a leading position in the German state health administration.[49] Although less detailed, his proposals mirrored the New York programme. Freund, too, argued that the necessary emergency measures would have to be accompanied by a strategy for a lasting reorientation of the public health system. Because the German population was likely to be at its physical and psychological limits a properly coordinated health policy was crucial

---

[47] 'Aufbau eines demokratischen Gesundheitswesens in Deutschland', 121.

[48] FO 371/46885, Hugo Freund, 'Plan for the reconstruction of the German Health Organisation', 26 Oct. 1945. Also see Hugo Freund, 'Entwicklungstendenzen der Gesundheitspolitik', in Lotto Lemke (ed.), *Die Arbeiterwohlfahrt: 1952 Jahrbuch* (Bonn, 1953). Hugo Freund, 'Sozialistische Gesundheitspolitik', *Sozialistische Mitteilungen: News for German Socialists in England*, 108 (Feb. 1948), 7–8.

[49] See exchange in FO 371/46885. He had also been an executive member of the Hygiene Museum in Dresden, see *Sozialistische Mitteilungen der London-Vertretung der SPD,* No. 104–5 (Oct.–Nov. 1947).

for the success of all other Allied measures. Moreover, lessons would have to be learnt from the interwar years. While the health system developed after the First World War contained a number of 'progressive elements', Freund argued, 'in decisive points it proved to be unsatisfactory and defective. The mistakes committed then must not be repeated once more.' Failures included, above all, the lack of a central ministry of health, and the over-representation of physician's interests particularly with regard to the insurance funds, as a result of which 'the great opportunity to develop a social physicianship was carelessly thrown away' and the 'mercantile interest [had] gained the upper hand'. The 'progressive parties and the unions [had been] insufficient[ly] advised in questions of health policy'[50] but now, a uniform and centralized health policy could be developed, not least because 'progressive German doctors' in exile were more than willing to assist the Allies. Their first step should be the formation of a central health department, to oversee all further work. Strict denazification of the medical profession was crucial, and new doctors should be appointed from among those who had been active before 1933, doctors like himself. Communal and social medicine was to become a compulsory component of the medical syllabus, and all medical faculties ought to have chairs in this. Preventive medicine had to become the guiding principle in health administration, Freund argued.

These two programmes diverged from, even clashed with, Allied decisions on many issues.[51] While Boenheim's group and Hugo Freund argued for a centralized health organization, a major emphasis of Allied plans was one of decentralization, and the country's division into zones had already been agreed. French policy-makers, in particular, stressed the importance of decentralization, more so than the British, Americans, or Soviets. Apart from these disagreements, however, both plans were essentially compatible with much of Allied occupation policy: they supported the Allied occupation in principle; they emphasized the need for extensive denazification of the medical profession; and they focused on some of the achievements of the public health system in 1920s Germany and wanted to redevelop these traditions. The proposals were compatible with the notion of indirect control, but they disagreed most with the occupiers' intentions about the kinds of Germans to be appointed to the civilian authorities.

Two features are significant in these proposals. The first, which Chapter 4 will explore further, regards the émigrés' perception of the significance of a number of German traditions, both medical and political, which they now tried to develop; the health policy debates of the 1920s in particular were to form a starting point for future work. But secondly and much more generally, they claimed to represent the better, and new, denazified Germany. Their appeals and memoranda, regardless of their political affiliations, read as tracts on why émigrés were best suited to lead the reconstruction efforts: they represented 'the other Germany', untainted by

---

[50] FO 371/46885.

[51] Other examples include two articles by Rudolf Neumann from the Free German Committee in Mexico: Rudolf Neumann, 'Die Ärzte im Neuaufbau', *Alemania Libre—Freies Deutschland Mexico*, 12 (Nov. 1944), 53. Rudolf Neumann, 'Zum Aufbau des deutschen Gesundheitswesens', *Alemania Libre—Freies Deutschland Mexico*, 11 (Oct. 1945), 25–6.

fascism and Nazism, and they had sampled the 'wealth of experience of democratic countries'.[52] They were, they said, the only Germans with any political legitimacy and credibility. A memorandum by the Free League of Culture in Britain stated that help of 'qualified and conscientious' émigrés in the 'rebuilding of German civilisation' was vital.[53] A later circular by the British Free German group argued that in the necessary purge of Nazis and Nazi sympathizers, the return of antifascist refugees would be crucial.[54] The message was clear: it was exiled Germans, the good Germans scattered across the globe, who would be needed most once the war was over.

It was in this spirit that numerous émigré organizations and individuals contacted the various Allied authorities to offer their services. As Niebergall put it: their work in France was done, and 'Our place was now in Germany'.[55] The Free German branches were particularly active organizers for the return of émigrés. In summer 1944, the British group sent questionnaires to register those who were willing to return after the war and carry out 'important jobs'.[56] In spring 1945, it announced in a press statement that it had 'amongst its members lawyers, doctors, technicians and a considerable number of persons with wide administrative experience. They all have fine anti-Nazi records to their credit. Many of them are prepared to go to Germany at once to assist in the administration.'[57] In June 1945, Karl Rawitzki, the group's chairman, presented the Foreign Office with a list of 567 people who were willing to return at once. 'All concerned are proven opponents of Nazism', he wrote, and 'many of them with a fine record of underground work, others have spent years in concentration camps. Most of them have been officers of democratic institutions and organisations. Some have years of practical experience behind them but there are also those whose lack of professional qualifications will amply be compensated for by organisational and political experience in the fight against Nazism.' He thought that their repatriation would alleviate the 'scarcity of reliable anti-Nazi Germans in Germany itself'.[58]

Wading through these letters and appeals, Foreign Office staff seemed grudgingly impressed by their organizational efficiency and diligence. Commenting on Heinz Schmidt, secretary of the Free German movement in Britain, R. W. Selby from the German Section of the Foreign Office minuted that '[h]e has pestered us a good deal about the return of his refugees and he has the hide of a rhinoceros, but

---

[52] FO 371/46745, Free German League of Culture in the UK, 'Memorandum on the Rebuilding of German Cultural Life', undated [7–8 July 1945]. Of course, the existence of 'the other Germany' was fiercely debated, not least by émigrés themselves, see Thomas Mann, *Deutsche Hörer: 55 Radiosendungen nach Deutschland* (Stockholm, 1945), and Thomas Mann, 'New Year Address on the BBC', 30 Dec. 1945, in J. F. Grosser (ed.), *Die große Kontroverse: ein Briefwechsel um Deutschland* (Hamburg, 1963), 79.

[53] e.g. FO 371/46745, Free German League of Culture, Memorandum, [undated].

[54] FO 371/46804, Memorandum, Aug. 1945.

[55] Niebergall, 'Der antifaschistische deutsche Widerstandskampf in Frankreich', 69. CALPO's last meeting took place in Aug. 1945.

[56] FO 371/39120, 'Fragebogen der Freien Deutschen Bewegung betr. Berufsbetätigung im Nachkriegsdeutschland', Aug. 1944.

[57] FO 371/46802, Press statement by the Free German movement in Great Britain, 30 Apr. 1945.

[58] FO 371/46803, Memorandum and List on the Repatriation of Refugees from Germany, [undated].

he has been extremely efficient'. Moreover, he thought, the 'Free German Movement' had been 'extremely efficient over this question [of repatriation], and the refugees who have applied to them in connexion with their repatriation to Germany will undoubtedly have an advantage in effect over refugees who have not'.[59]

Numerous individuals also offered their services. Hugo Freund, who sent a plan for a new German public health service, also applied to work in Germany. Freund felt, he said, 'the obligation of submitting my services' and considered himself 'the more justified as I have been a member of the Social Democracy (since 1912) and the trade unions in Germany. I am in touch with the London office of the SPD... My friends of the SPD are able to give information about my personality and political history.'[60] Other offers included those from three German doctors, Carl Coutelle, Herbert Baer, and Rolf Becker, who were working as health officers with the Red Cross and the US army at the war fronts in Burma and India, and who had run training schools for lay civilian personnel to deal with famine conditions and epidemics—a scenario which they thought likely in Germany. All had served in the Spanish Republican Army Medical Corps, and were seeking to work for the British authorities in the new Germany, in whichever occupation zone or area they were needed most.[61]

The American authorities received similar offers. One of many examples was that of the well-known lawyer Robert Kempner, a former German government counsellor, who was twice detained in concentration camps before arriving in the US in September 1939.[62] In March 1945, Kempner wrote to General Lucius Clay, Eisenhower's deputy in the American occupation zone, with a list of German émigrés currently living in the US (some of whom had already been naturalized), whom he considered to be potentially useful. The list included public health officials such as Franz Goldmann, Alfred Korach, and Heinrich Brieger, as well as a number of welfare officers and health insurance specialists. All of them, Kempner wrote, 'possess invaluable personal contacts and inside information. Many of them also have experience in U.S. Government service', and all 'were dismissed by the Hitler regime for political or racial reasons and legally admitted to the U.S.'[63] Despite their political differences, these émigrés agreed on one thing: they saw themselves as different from, and more legitimate than, the mass of Germans at home. But the future occupiers disagreed.

---

[59] FO 371/55487, minute by R. W. Selby (German Section of the Foreign Office), 26 Feb. 1946.

[60] FO 371/46885, 'Plan for the reconstruction of the German Health Organisation' by Hugo Freund. Also see letter Dr Hugo Freund (Haifa, Palestine) to Mr Noel-Baker (Foreign Office), 26 Oct. 1945.

[61] FO 371/46844 and FO 371/46846, Foreign Office correspondence with China Medical Aid Committee, June 1945 to Jan. 1946.

[62] Paul Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (Basingstoke, 2004), 138. Also see files in NYPL, Displaced German Scholars, Box 19: Kempner.

[63] BAK, Z45F/44-45/21/3, letter from Robert Kempner to Major General Lucius Clay, 30 Mar. 1945, and 'Former German Public Officials now in the U.S.', 20 Feb. 1945. Kempner later assisted the American prosecutors at the Nuremberg Trials, and eventually went to Germany as chief prosecutor for the trial of German Foreign Office diplomatic staff, see Weindling, *Nazi Medicine*. Robert Kempner, *Ankläger einer Epoche: Lebenserinnerungen* (Frankfurt, 1983).

ALLIED POLICY

The problems faced by German émigrés were similar in all countries of exile. Unlike refugees from other nations, they lacked a unifying centre and were unable to turn themselves into a homogenous, unified force. While there were several attempts to organize broad groups, everywhere they were ridden by factionalism, particularly among the various sections of the Left. Even more serious was the issue of legitimacy. The Nazis were not simply occupying their home country; the reality of 'the other Germany', which the émigrés claimed to represent, remained contested. Many Allied planners thought that active German participation in the decision-making process was to be avoided at all costs. As a result, German émigrés did not establish themselves successfully or influentially in exile. At no point anywhere was there a German government in exile; even a much more minor participation of émigrés was ruled out in principle.

But there were differences in the ways in which the four occupiers dealt with and utilized émigrés. The American and British governments refused contact with the Free German groups on principle; political organizations such as the British Labour Party went to some effort to distance themselves from them.[64] The French, although sceptical, were willing to support at least some of those who shared French occupation aims. The Soviet authorities maintained steady contact with the Free German Committee in Moscow throughout the later war years, and, after 1945, organized repatriation drives for Free German members to Germany.

(i) Britain and the United States and German émigrés

Peter Ludlow and other historians have written persuasively on the 'revolution in British foreign policy' that took place between 1938 and 1940. Appeasement tendencies were accompanied by a belief in the inherent reasonableness of Germans. In response, people like Robert Vansittart emphasized the inherent unreasonableness of Germans, their long-standing militarism and disregard of other peoples. In the context of this 'general unwinding of appeasement',[65] the prevalent views on the nature of the German character now made any serious distinction between 'good' and 'bad' Germans obsolete, removing legitimacy from even the most active antifascist supporters of Allied aims. In the United States, too, the possibility that émigrés, or at least some of them, could be useful in the post-war occupation contradicted prevalent notions of what the Germans were like. Both countries used German émigrés as advisers to their government authorities, but the idea of using them in Germany was something quite different. By 1941, the British and American authorities approached the problem of Germany in essentially the same

---

[64] Isabelle Tombs, 'The Victory of Socialist "Vansittartism": Labour and the German Question, 1941–1945', *20th Century British History*, 7/3 (1996), 287–309.

[65] Peter Ludlow, 'The Unwinding of Appeasement', in Lothar Kettenacker (ed.), *Das 'Andere Deutschland' im Zweiten Weltkrieg: Emigration und Widerstand in Internationaler Perspektive* (Stuttgart, 1977). On this shift, also see Glees, *Exile Politics*.

manner:[66] tied together in such organizations as the Combined Chiefs of Staff and SHAEF, they were jointly committed to securing the military defeat of Germany and its subsequent occupation. In both countries public opinion, if often confused, played a role, since organizations such the British 'Never Again Association' and the American 'Society for the Prevention of World War Three' drummed up some support for a harsh stance on Germany, and had some influential advocates.

Both countries also faced similar internal conflicts. The Roosevelt administration was fractured by a long-standing debate about the relative spheres of responsibility of the State and the War Departments. This clash over the military as opposed to civilian sphere of influence was mirrored by differences between the British War and Foreign Offices, and responsibility for the administration of Germany was frequently passed between them. As a result, both governments were constrained by the prevailing uncertainty about the future of Germany and refused to commit themselves to any specific directions too early, whether they involved émigrés or not. It was only clear that the needs of the German civilians featured long after the requirements of Allied military governments, displaced persons, United Nations nationals, and the demands of the military operations in the Far East.[67]

British sources occasionally suggested that American policy was more lenient towards German émigrés, especially with regard to their employment in advisory positions, and expressed concern that American authorities might be exhibiting a dangerously 'soft' attitude. There were concerns over reports that the American military authorities had been 'whisking off' some 300 German émigrés resident in the UK for jobs in Germany.[68] Or as Lt. Col. Thornley from SOE wrote to the Foreign Office: although it had been agreed that 'it was undesirable that political émigrés should be allowed into the Occupied Zone at an early stage where they might be a source of considerable embarrassment', he had 'good reason to believe' that the Office of Strategic Services (OSS) was 'asking various émigrés to proceed to Allied Occupied territory (presumably the American Zone) in order "to combat the Nazi Underground movement, assist in the reconstruction of German Trades Union, etc"'.[69] Similarly, A British draft cabinet paper on the issue of repatriation noted that the US seemed to have 'adopted a different policy from ourselves in regard to the employment of German refugees on their Control Commission': they had 'openly clothed German refugees (including many from the U.K.) in American uniforms and sent them out to Germany for limited periods', even if they had hitherto refrained from repatriating them permanently.[70] Most of the cases mentioned here regarded émigrés who had acquired American citizenship. During the first occupation years, American authorities in Germany did indeed seem to become more relaxed about the use of returning émigrés than the British.

---

[66] e.g. Anthony J. Nicholls, 'American views of Germany's future during World War II', in Kettenacker (ed.), *Das 'Andere Deutschland'*, 77.

[67] FO 1038/32, 21st Army Group, Eclipse Outline Medical Plan, Feb. and Mar. 1945.

[68] FO 371/46803, draft letter Harrison to Captain Watson (MPO), [26 June 1945].

[69] FO 371/46802, letter from Lt. Col. Thornley to Mr Geoffrey Harrison, 16 Mar. 1945.

[70] FO 371/46842, draft cabinet paper (3rd draft) [undated], 'Draft Paper for the O.R.C. Committee—The Return of Refugees and Internees to Germany and Austria'.

But throughout the war and immediate post-war period, British and American policy towards émigrés was fundamentally similar and shared a number of assumptions.

Many people in both the Foreign Office and the State Department saw German politicians in exile as representatives of a failed political system. They were discouraged by the messiness of German politics, and particularly by the fact that leftists were splintered into countless factions, none of whom were representative on their own. Even the New York Council could not claim any mandate to represent German exiles, let alone Germans more generally. Another consideration was that all contacts with this 'other Germany' were to be avoided so as not to come under suspicion of planning a compromise peace or otherwise endangering the fragile anti-Hitler coalition. The fact that some of the social democratic and conservative émigrés repeatedly warned about the Soviet Union made them troublesome, even if British and American views on communist affiliations were often no different.[71] Most of all, any promises that would limit future freedom of action were to be avoided. For a while, it still seemed possible that Hitler could be overthrown by Wehrmacht generals, and they were not to be discouraged; and a delegation of exiled leftist antifascists would seem absurd to them. By the time an internal German resistance had been ruled out, cooperation with Germans had become even more inadvisable.

The Churchill government rejected a compromise peace and began a general distancing from émigré groups in Britain, which was shared by American officials once they joined the war. Political developments in Germany were now analysed purely with the aim of weakening Germany militarily, and so even conservative émigrés lost their political attraction. Official opinion in both countries was opposed to the idea of negotiating with any anti-Nazi groups, either inside Germany or through exiled Germans. Although in many points émigré plans were compatible with Allied schemes, policy considerations dictated that no use of émigrés could be made. While in practise the British and American authorities' refusal to recognize the Free German groups had a clear anticommunist rationale,[72] their relationship to other émigré groups was little different. The multitude of socialist, centrist, and liberal German émigré groups, among them vocal anticommunists, experienced the same treatment. The SPD in exile, which, after a period in Prague and Paris set up its headquarters in London in 1941, or the German People's Socialist Movement, were treated essentially no different than the Free Germans.[73] British and American refusal to work with or recognize German émigré groups extended far beyond a suspicion of communists.

---

[71] Lothar Kettenacker, 'Die britische Haltung zum deutschen Widerstand während des Zweiten Weltkriegs', in Kettenacker (ed.), *Das 'Andere Deutschland'*, 64.

[72] FO 371/39119, Parliamentary Question by Lt. Col. Sir Thomas Moore, 7 June 1944. Minutes by D. Allen, 6 June 1944.

[73] e.g. see Glees, *Exile Politics*, 6. TNA, FO 371/46802, Memorandum by the German People's Socialist Movement/Deutsche Volkssozialistische Bewegung [Mar. 1945].

The archives of the British and American authorities document that, from the start, officials refused to draw a consistent distinction between émigrés and Germans at large. Many enemy aliens in Britain first encountered such a lack of distinction in the internment scare of spring 1940. Although throughout 1939 tribunals had assessed hundreds of thousands of enemy aliens and allocated them into one of three security categories, after the fall of Holland and the ensuing fifth column panic, many of those who had been assessed as safe were interned together with those of medium and serious risk, and in the makeshift internment camps Nazis and Nazi-sympathizers were now assembled together with antifascists and Jews.[74] Here, at the height of concerns about British national security, efforts to distinguish between different kinds of Germans collapsed. Similarly, as far as émigrés were concerned, there were no attempts to group them into different categories of reliability or usefulness.

As Con O'Neill, Foreign Office adviser on Germany, explained in his memorandum entitled 'Talking Points': 'Talking good and bad Germans misses the point. Of course they are not all bad. But the trouble is that the vast majority of them are indifferent. Only, they have a deeply ingrained proclivity to respect authority, no matter how acquired; to admire the use of force, no matter for what purpose; to ask no questions; and to accept no responsibilities. The Germans are the weakest people in the world—morally.' A direct corollary was to prevent any 'influence of émigrés', since, O'Neill argued, to 'expect an impartial or unprejudiced opinion from an émigré is like expecting grapes from a pear tree'. Because they were 'Germans first and émigrés second', they might be conditioned to 'work against the regime that kicked them out, but they'll never work against Germany'. Their expulsion from Germany was no guarantee of an anti-German position, and there were no reliable groups among the émigrés. The German Jews, O'Neill wrote, 'always were the most patriotic Germans, and they will be again—what's left of them'. Claims of underground resistance were similarly unreliable: there 'is not and has never been a German "Underground movement". It's a pure legend invented by the German émigrés.'[75]

Neither here nor in other statements of this nature was it acknowledged that Jews could not actually be 'German' according to Nazi racial criteria, or that any real opposition to Germany was possible from those who had been rejected by and expelled from Germany. The fact that this was not simply a public façade is documented by comparable statements in the privacy of Foreign Office minutes, such as the rhyming minute below, which evocatively illustrates the prevalent British approach. It responded to the application by a Mr Sass, a former managing director of the Rheinwerke in Düsseldorf, now in exile in Columbia, to work for the British control authorities:

---

[74] e.g. F. L. Lafitte, *The Internment of Aliens* (London, 1940). Ronald Stent, *A Bespattered Page: The Internment of His Majesty's Most Loyal Enemy Aliens* (London, 1980).

[75] FO 371/39919, Con O'Neill, draft 'Talking Points' [June 1944], a copy was to be sent to the British Embassy in Washington. Also see FO 371/39119, 'Possibility of Council for Democratic Germany carrying out a soft-peace campaign', minute by Harrison, 13 July 1944.

> From Africa's shore, from Colombia's sun-drenched strand
> Urgent there streams an eager Hebrew band.
> Imbued with pure desire to serve their aims
> Of Allied justice, see them stake their claims
> To jobs in Germany. *They* know the ropes.
> And *their* control will answer all our hopes.
> 'Let us but serve, and we will prove our worth.
> 'Till Hitler came and rudely thrust us forth
> 'We helped the men who laid the powder train,
> 'So you can trust us not to help again.
> 'Good Germans, we? Perhaps, but all the same,
> 'Profit or lose, we'll play the allies' game.'
> Such altruistic offers shall we spurn,
> Nor rather, trusting, to these helpers turn.
> Loose them like vultures on the German scene
> And hope they will not pick the carcass clean
> Or, worse, revert to type and aid the Hun
> To germanise the world with tank and gun?
> Prudence invites we leave them where they are
> And hitch our wagon not to David's star …[76]

Apart from its anti-Semitic undertones, statements such as these contained a particular notion of German nationalism: not evidence of a certain kind of political engagement, but an invariable constant exhibited by all Germans by their very nature. Their political affiliations only came second. The harder the émigrés protested against this kind of analysis and the more altruistic their offers to help seemed, the more suspect they became.

Cooperation with any émigrés or émigré faction was also seen as inadvisable and undesirable because of the public relations problems that would entail. As a Foreign Office minute spelled out, the government would 'certainly have parliamentary difficulties if we started this sort of thing…Unless there is something very concrete to gain it is a mistake to commit ourselves to any German body.'[77] When the Free Germans submitted their lists of people willing to return and work in Germany, a Foreign Office minute stated, somewhat regretfully, that the 'list would be quite useful if we could use it, but I do not think that we can'.[78]

Émigré medical personnel were not excluded from this blanket rejection. When the Public Health Branch of the British Control Commission for Germany suggested it get in touch with the Free German Institute of Science, which was reported to have compiled dossiers of German doctors and scientist waiting to return after the war, the Foreign Office warned against this contact. Troutbeck, another Foreign Office adviser, stated that while the institute 'may well be an estimable body',

---

[76] FO 371/40816, 'Offer of services by Mr Sass for post-war work in Germany', minute by J. Chaplin, 15 June 1944.
[77] FO 371/39120, 'Suggestion of Free German broadcast to Germany', minute, 25 July 1944.
[78] FO 371/46803, 'Return of German refugees to Germany', minute by R. W. Selby, 26 June 1945.

whether or not it has a recognisable political colour itself, it is affiliated with other organisations which definitely have. It is indeed almost inevitable that émigré organisations, even if predominantly technical in their interests, should have a political tinge. This being so I am afraid we should not like to see any initiative taken by the British Element in order to obtain the advice of the Institute. I may say for your future guidance that we see objection in general to consulting émigré groups or institutions. Apart from the point I have already made, it is undesirable that these bodies should gain the impression that they are in our confidence, or that they or their members can count on any official consideration for their interests in the future.[79]

The Society for the Protection of Science and Learning (SPSL), a British charity involved in the placement of refugee academics in positions in Britain and abroad, directed by notables such as William Beveridge, Henry Dale, and Friedrich von Hayek, had some contact with the British Control Commission in spring and summer 1945. The secretary had prepared lists for the Public Health Branch of displaced university medical teachers registered with the SPSL, a fact which he—unlike the British and American authorities—regarded as 'prima facie evidence of [their] reliability'.[80] But after an initial welcome of such work, contact soon lapsed, and the secretary was eventually informed by the Control Commission that 'a high level decision here has ruled against direct contact with refugees'.[81]

Underneath this rhetoric, a number of more subtle analyses of émigrés were coming together as the war wore on. Apart from the problem of their representativeness, British officials argued that these émigrés were 'out of touch with developments in Germany'.[82] The psychiatrist Henry Dicks, who later worked for the British Control Commission in Germany, expressed this well:

> The old democratic trade-unionist may well be found to be useless, to cut no ice, in a community as disrupted as Germany will be. His very aloofness from the process of bitter disenchantment through which his people have passed, may have made him into an anachronism, a sort of émigré. It can be said that the émigré, or the political deserter, is not often the foundation of a new beginning, useful though he may be, and congenial as his views may be to us.[83]

On these grounds, émigré preparations were neither useful nor necessary. As one official observed, past experiences showed that the British had 'no reason to think that such material will prove useful and there is no reason to believe that the Free German Movement are better qualified than the various Departments of H.M.G to undertake work of this kind'.[84] Some also rejected the notion that émigrés could

---

[79] FO 371/46882, letter from CCG(BE), Political Division to Foreign Office, 19 Feb. 1945. Troutbeck's reply on 5 Mar. 1945.

[80] Bod SPSL, 91/1, J. B. Skemp (SPSL secretary) to Ernest Cowell (CCG(BE), Health Branch), 21 June 1945.

[81] Bod SPSL, 91/1, 'Comments on Cooperation with various Branches of the Control Commission', 6 Dec. 1946. SPSL, 91/1, Major F. K. Paul (CCG(BE), Education Branch) to J. B. Skemp (SPSL secretary), 26 July 1945.

[82] FO 371/39120, Eden to Stafford Cripps, 10 Nov. 1944.

[83] FO 1032/1464, 'Selection and re-education of German Prisoners of War, by Lt. Col. H. V. Dicks', p. 1.

[84] FO 371/39120, 'Cooperation of "Free German" Movement in re-building democratic institutions in Germany', minute by D. Allen, 8 Nov. 1944.

be anything other than passive guests. As A. V. Hill countered the claim that German émigré scientists had 'played their role in the fight against fascism': 'They didn't take part in the fight except as victims for the most part. They were sacked, robbed and persecuted.'[85]

As a result, when individual requests for employment and offers to assist in reconstruction tasks were received by the British and American authorities, the vast majority were rejected. Of course, both the British and American governments did make some use of émigrés in advisory capacities, particularly in their psychological propaganda efforts.[86] But while émigrés worked for institutions as the American Office of Strategic Services, the British Foreign Office Research Department, and the BBC, in practice German politicians in British or American exile were impotent and helpless. Most of their initiatives were ignored and they had no influence on any of the central political decisions of the time.

Many individual cases document this policy. Hugo Freund, who had submitted a plan for the reconstruction of the health service, was told in November 1945 that little could be done to grant his request to help in Germany.[87] By May 1946, he had still not been successful and his plan was simply filed away.[88] The list of German health officials in the United States experienced a similar fate, and none of the public health officials on this list returned to Germany.[89] The three Germans in Burma—Rolf Becker, Carl Coutelle, and Herbert Baer—faced similar difficulties, even after the British China Medical Committee took up their case. 'We have had nothing but praise of their work and their integrity from the Chinese Red Cross, the U.S. Army and the Friends Ambulance Unit who have worked alongside them', their sponsors wrote.[90] All three had 'excellent anti-Nazi records' as well as 'the medical qualifications required to do good work in their own countries. And since Europe is short of doctors and we really have none to spare here it would seem more sensible to get these doctors back again.'[91] But the committee was told that one possible employer, UNRRA, was ruled out by the fact that it would not employ Germans, 'no matter how good their qualifications are',[92] and because of transport

---

[85] Bod SPSL, 92/14, A. V. Hill to Esther Simpson, 8 Mar. 1942.
[86] Although even this was repeatedly criticized by some: e.g. TNA, FO 371/46802, letter from Vansittart to Orme Sargent, 24 Mar. 1945. See also TNA, FO 371/46802, Hansard copy of House of Lords debate on 2 May 1945.
[87] FO 371/46885, J. S. Tahoudin (Foreign Office) to Hugo Freund (Haifa), 12 Nov. 1945.
[88] FO 371/46885, Hugo Freund, 26 May 1946.
[89] Werner Röder and Herbert A. Strauss (eds.), *Biographisches Handbuch der deutschsprachigen Emigration nach 1933/International Biographical Dictionary of Central European Emigres 1933–1945*, 3 vols. (Munich and New York, 1980–3). Both Korach and Goldmann remained active in public health in the United States until their retirements. See e.g. Franz Goldmann, *Payment for Physicians' Service under Crippled Children's Programs* (Washington, 1949). Franz Goldmann and Hugh R. Leavell (eds.), *Medical Care for Americans* (Philadelphia, 1951). Franz Goldmann, *Patients in Chronic-Disease Hospitals: A Profile* (New York, 1960).
[90] FO 371/46844, 'Repatriation of refugee doctors from China', Mary Gilchrist to Kenneth Younger (MP), 22 Sept. 1945.
[91] FO 371/46844, 'Proposed repatriation of nine doctors sent out to China by the China Medical Aid Committee', Mary Gilchrist (honorary secretary) to Mr Harrison (German Section, Foreign Office), 18 June 1945.
[92] See n. 91.

shortages it was at any rate 'not yet possible for German and Austrian refugees to return to their countries'. Nor could the doctors travel through Britain as the Home Office refused to issue them transit visas.[93] As the MP Kenneth Younger observed, 'the British are not particularly interested in employing these men either in China or Germany at the moment. No doubt transport is difficult but it has not been suggested that that is the real obstacle to their return to Germany.'[94]

Another case was that of Dr Lucie Adelsberger. She was a specialist in internal medicine and immunology, and an Auschwitz survivor. During a period of recuperation in Holland she applied for jobs at medical schools in the USA. But when told that it was unlikely that they would employ a middle-aged German when there was ample supply of young American medical students, she decided to seek employment in Germany, with the British Control Commission, UNRRA, or similar organizations. Via the SPSL, who had taken up her case, she, too, received the by-now-familiar rejection. '[T]hey tell us rigidly that they cannot employ Germans or Austrians', wrote the SPSL secretary, and commented that in 'a case like this it is manifestly foolish and wrong'.[95] A referee from the Harvard Medical School wrote to UNRRA in protest: 'She is a German; obviously she is not a Nazi. She is in complete sympathy with the Allies and the principles of democracy. She is very much on our side.'[96] None of this mattered.

The British and especially the American armies contained a number of individuals of German origins, now naturalized, who temporarily worked for the occupation authorities, before returning to Britain or the United States. But for many others even temporary work in Germany proved impossible because of the difficulty of obtaining permits. Dr Hans Schlossmann, a former lecturer at the Pharmacological Institute of the Düsseldorf Medical Academy, who had been dismissed on racial grounds and who had lived in Britain since 1934, tried in January 1946 to go with a team of biochemists to the British zone to advise the occupation authorities on nutrition problems, but 'was eventually turned down because he was not yet naturalised'.[97] Those who had become naturalized Allied citizens were often in no better situation. The SPSL was in September 1946 dealing with the case of a German émigré, already an American citizen, who wanted to accept a guest appointment at the University of Hamburg, but had been told that there was 'no likelihood of citizens of Allied countries being allowed to take up employment in Germany Universities. The question has been under discussion for some time, but no satisfactory solution has been found as it involves the employment of Allied Nationals by German Masters, which is a major difficulty under the existing

---

[93] FO 371/46844, 'Return of refugees to Germany: Dr Becker', Secretary of State for Foreign Affairs to Mr J. P. Coghill, Acting British Consul-General, Kunming, 24 Oct. 1945.

[94] FO 371/4684, 'Repatriation of refugee doctors from China', minute by Kenneth Younger MP, 3 Dec. 1945.

[95] Bod. SPSL, 389/4, Skemp to Rackemann (Harvard Medical School), 10 Oct. 1945.

[96] Bod. SPSL, 389/4, Francis Rackemann to 'the officer in charge of foreign personnel', UNRRA, Washington, 30 Oct. 1945.

[97] Bod. SPSL, 415/6, J. B. Skemp (Secretary of SPSL) to Sir Will Spens (Master of Corpus Christi College Cambridge), 17 Apr. 1946, regarding Schlossmann's application for naturalization.

conditions of Control.'[98] Nor could he simply become a German citizen again, 'since grant of nationality is always a discretionary matter, and there is at present no central authority for Germany which could exercise such discretion'.[99]

The involvement of the China Medical Committee illustrates that it did not make much difference whether the émigrés had British or American sponsors or not. Dr Hugo Freund was apparently supported by the MP Richard Crossmann; others by other MPs and political figures, but to no avail.[100] Roger Wilson of the Society of Friends was in the same situation: in September 1945 he tried to organize a relief mission to Germany, and approached the Foreign Office with the suggestion to use Germans currently in Britain. Relief work would have to fall more and more upon the Germans, he wrote, and the society knew at least a hundred suitable people with whom they had worked since 1933. He urged Bevin to give 'urgent attention' to 'the possible use of people of German nationality for relief work under the auspices of British voluntary societies in Germany'.[101] However, he was told repeatedly that even when Germans with the right qualifications had been found and no suitable Englishmen were available, it was still impossible to employ them in Germany.[102]

These examples put the later observation by occupation officials such as Robert Murphy, who expressed surprise and dissatisfaction at not having enough German-speakers who could be assigned to administrative posts in Germany, into a new light.[103] The debate over the employment of returning émigrés continued well into the occupation, and even after the Americans seemed to have relaxed their opposition somewhat.[104] In June 1946, General Clay commented in a letter that '[i]n the functional field, we have recruited a number of men of German origin and some of them have proved to be very good indeed. However, much depends on what is meant by German origin. If these men are second or third generation Americans, their knowledge of Germany is usually very remote even though they may speak the language.' In this context,

> The Germany refugee who left Germany to go to the United States and subsequently became a citizen of the United States, is not always a good representative of military government. We have found that many of them understand Germany better than America and, as such, fail to represent America in Germany. It is difficult to estimate their reactions on their return to Germany, as, in fact, it will vary from the reaction of Dr. Brandt, who became extremely sympathetic to the German plight and an open

[98] Bod. SPSL, 111/5, Bertha Bracey (COGA) to Ilse Ursell (SPSL secretary), 28 Sept. 1946.
[99] Bod. SPSL, 111/5, Bertha Bracey (COGA) to Ilse Ursell (SPSL secretary), 10 Oct. 1946.
[100] FO 371/46885, Hugo Freund to Foreign Office, 26 May 1946. For other examples, see Susan Pedersen, *Eleanor Rathbone and the Politics of Conscience* (New Haven, 2004).
[101] FO 371/46806, Roger Wilson (General Secretary, Friends Relief Service) to Major Kenneth Younger, MP (House of Commons), 21 Sept. 1945.
[102] FO 371/46806, 'Interview with Mr Roger Wilson, Society of Friends', Kenneth Younger MP, 12 Sept. 1945.
[103] Robert Murphy, *Diplomat Among Warriors* (London, 1964), 306.
[104] Not least in response to reports such as this: Memorandum by OSS (Wiesbaden), 'Views of a group of reliable and democratic Germans', June 1945, in Heideking and Mauch (eds.), *American Intelligence and the German Resistance to Hitler*, 406–12.

opponent of Potsdam, to the view of Professor Lowenstein in our Legal Division who believes that the re-education and democratisation of Germany are completely hopeless.[105]

In April 1947, in the context of a review of the continued employment of Germans who had acquired American citizenship and worked for OMGUS in any capacity, the deputy military governor Major-General Keating paraphrased Clay's view of German émigrés as being politically unreliable, stating that 'many of these individuals have not been sufficiently indoctrinated in American ideologies to warrant their retention in our employment. It is anticipated that, with few exceptions, their contracts will be terminated.'[106]

(ii) France and German émigrés

France was in a very different position to Britain and the United States. On the one hand it had long been a major country of refuge for people fleeing fascism and Nazism. By 1936, 2.2 million foreign refugees lived within France.[107] German refugees often went first to France, before moving on eventually to Britain or the United States, if they could overcome American immigration restrictions. Politically active German émigrés of many affiliations, who had been coming to France since 1933 and the reintegration of the Saar into Germany in 1935, were well organized in bodies such as the Central Association of German Emigration (Zentralvereinigung der deutschen Emigration), which represented twenty-two émigré groups in France, and which was recognized in October 1938 by the League of Nations as an official representation of German refugees.[108] Many exiled political parties set up their headquarters in Paris, where a number of French parties and trade unions had declared their solidarity with the German exiles. These favourable conditions for political collaboration with German émigrés seemed to prosper further when Léon Blum's Popular Front government was elected in May 1936.[109]

But on the other hand, France was the first of the future occupiers to be attacked and invaded, and the only one to be fully occupied by Germany and partly run by a collaborationist government. It did not take part in the important Allied wartime conferences; it did not officially become an occupying power until 1944; and the borders of its occupation zone were not finally settled until

---

[105] BAK, Z45F, 3/177-1/6, Clay to Major General Oliver R. Echols (Director Civil Affairs Division, War Department, Washington), 25 June 1946.
[106] BAK, Z45F, 17/162-2/10, Deputy Military Governor General Frank Keating to OMGUS divisions, 25 Apr. 1947.
[107] Vormeier, 'Frankreich', 213.
[108] Vormeier, 'Frankreich', 219.
[109] Vormeier, 'Frankreich', 222. Harald Hauser, *Gesichter im Rückspiegel* (Berlin 1989). Michel Grunewald and Frithjof Trapp (eds.), *Autour du 'Front Populaire Allemand': Einheitsfront-Volksfront* (Bern, 1990). The PCF, the SFIO, and the Radical and Socialist parties were represented in Blum's government. By contrast, Heinz Willmann thought that because of restrictive visa and work regulations, France was no haven for German émigré communists, Willmann, 'Erinnerungen', in Klaus Jarmatz, Simone Barck, and Peter Diezel, *Exil in der UdSSR* (Leipzig, 1979), 18.

the summer of 1945.[110] Its post-Vichy government, a multi-party coalition which contained communists, socialists, and Christian democrats, was unelected for over a year. Throughout this time, the country was riven by deep internal struggles—between the Vichy regime and the Free French, between followers of General de Gaulle and General Giraud, and between the various factions of the Left and the Right. Like the Anglo-American planners, those in Paris had to negotiate conflicting spheres of responsibility between the military and the civilian authorities, but France was at the same time marred by far more acute divisions and uncertainties over future policies.

As a result, the French position on German émigrés was less categorical than the British or American. After the outbreak of war, German refugees were interned indiscriminately and regardless of their political affiliations.[111] It is also true that public support for German exiles in France waned radically after 1939, and many public figures shared Anglo-American views of German nationalism and militarism. But where émigrés in Britain and the United States failed to be recognized as legitimate representatives of an alternative to Nazism, a number of German groups in France had more success. CALPO was not just closely connected with institutions and networks of the PCF and the trade union movement, it was also recognized as an official resistance organization, and its members fought alongside the French forces on the western front and in the battle for Paris.[112] The group, and many individual members, were recognized as Resistance fighters, and a number of French figures vocally supported them. In October 1944, in a speech in Toulouse, Vincent Auriol—head of the Foreign Affairs Committee of the Consultative Assembly, and later to become first president of the Fourth Republic—emphasized CALPO's contribution to the speedy capitulation of German troops on French soil.[113]

Nonetheless, by late 1944 and early 1945, CALPO's relations with the French authorities began to deteriorate, and eventually France declined cooperation with CALPO on post-war Germany. By February 1945 the French Foreign Ministry laid down the line that authorities had to show greater distance from CALPO, and all embassies were instructed to maintain distance towards German émigré

---

[110] See e.g. Philip E. Mosely, 'The Occupation of Germany: New Light on How the Zones Were Drawn', *Foreign Affairs*, 28/4 (July 1950), 580–604. Michael Balfour, 'Four-Power Control in Germany, 1945–1946', in Michael Balfour and John Mair (eds), *Four Power Control in Germany and Austria, 1945–1946* (Oxford, 1956).

[111] e.g. André Fontaine, *Le Camp d'étranger des Milles 1939–1943* (Aix-en-Provence, 1989). On internment after 1940, see esp. Soma Morgenstern, *Flucht in Frankreich* (Berlin, 2000). Also see Edwin M. Landau and Samuel Schmitt, *Lager in Frankreich: Überlebende und ihre Freunde, Zeugnisse der Emigration, Internierung und Deportation* (Mannheim, 1991).

[112] CALPO also must have been partially funded by the PCF, as in Jan. 1945 it claimed to have 34 million francs at its disposal. See 'Minutes of OSS-Inter Branch Meeting: OSS Relations with the CALPO Resistance Group', 10 Jan. 1945, printed in Heideking and Mauch (eds), *American Intelligence and the German Resistance to Hitler*, 357.

[113] Vincent Auriol, Oct. 1944, in Bungert, *Das Nationalkomitee und der Westen*, 131. CALPO had some very positive press coverage in a number of French papers, see e.g. extracts in Free German Movement in Great Britain, *Free Germans in the French Maquis: The Story of the Committee 'Free Germany' in the West* (London, 1945), 22–4.

---

organizations and to enquire discreetly about their political orientation.[114] The group's activities were increasingly supervised, restricted, and ultimately prohibited, until it was disbanded in August 1945.[115] The reasons for this cooling of relations did not simply lie in the group's communist affiliations, since (unlike in Britain and America) support of the Soviet Union alone did not warrant suspicion. Until 1947 it was a major pillar of French foreign policy to mediate between Soviet and Anglo-American approaches.[116] Why did French officials have doubts about CALPO? At least in part their response can be understood as an effort to bring French policy in line with American and British standards and to assure them, often still sceptical about France's role as an occupying power, that it was up to the job.[117] The distancing from CALPO was also partly testimony to the increased marginalization of French communists in occupation affairs. As in Britain and America, there were real worries about a premature commitment to any particular German faction which would limit future freedom to operate.

All these factors offer partial reasons for the French position on CALPO, but the most important was a clash with crucial elements of the French agenda. As CALPO began to agitate for a reconstructed, centralized, and unified Germany, it contradicted the basic security premise of French policy. France's central priority was that the defeated Germany had to be radically and permanently decentralized (perhaps even dismembered), and militarily and economically weakened. The proclamations by members of CALPO and other émigré groups (such as the SPD in exile) on a future centralized country—even if it was demilitarized and denazified—were thus entirely unacceptable in French officials' eyes. These proclamations represented, they argued, Germans' desire to see Germany 'regain its full place in the sun, even, if possible, in the distant future, and the realisation of the aims of Hitler and his followers'.[118]

French views on CALPO's plans for Germany were to a large degree shaped by its concerns about the shape of post-war Germany. Their increasingly negative position was further entrenched by the arrival of members of the Swiss Free German group in the territory of the French occupation zone in the last weeks of the war, who began to agitate for centralized German reconstruction.[119] Like other Free

---

[114] Circular letter from the French Foreign Ministry, 31 Mar. 1945, MdAE, Europe, Allemagne, Dossier 45, cited in Bungert, *Das Nationalkomitee und der Westen*, 141.

[115] The French secret service kept close tabs on it since autumn 1944, see Vormeier, 'Frankreich'. Christine Levisse-Touzé, *Des Allemands contre le nazisme: Oppositions et résistances 1933–1945: Actes du colloque franco-allemand organisé á Paris du 27 au 29 mai 1996* (Paris, 1997).

[116] e.g. *The Times*, 'French influence in Europe', 14 July 1949.

[117] Bungert, *Das Nationalkomitee und der Westen*, 136. On OSS relations with CALPO, see 'Minutes of OSS-Inter Branch Meeting: OSS Relations with the CALPO Resistance Group', 10 Jan. 1945, printed in Heideking and Mauch (eds.), *American Intelligence and the German Resistance to Hitler*.

[118] My trans., AN, F1A, Dossier 2246, 'Conference a l'Hotel Matignon, dans l Cabinet de M. Joxe, au sujet de l'activite sur notre territoire de l'Association pour l'Allemagne libre de l'ouest', 6 Feb. 1945, quoted in Bungert, *Das Nationalkomitee und der Westen*, 135.

[119] See Edgar Wolfrum, '"La Mission culturelle"—Medienpolitik der französischen Besatzungsmacht und die Rolle von Remigranten', in Claus Dieter Krohn and Axel Schildt (eds.), *Zwischen den Stühlen? Remigranten und Remigration in der deutschen Medienöffentlichkeit der Nachkriegszeit* (Hamburg, 2002).

German groups, the Swiss movement called not just for the arrest of all war criminals, the denazification of German authorities, and the democratization of German public life, but also demanded the 'recovery of the German people's sovereignty' and the 'unity of the Reich, under free development of the historically determined particularities of the German regions'.[120] Where the Free Germans fought 'for the salvation of the German nation',[121] French occupation policy was to prevent just that—there was to be no salvation of the nation and no unity of the Reich, and the German particularities were to be suppressed and remoulded. To the French authorities, these émigrés were therefore not simply representatives of the failed Weimar regime, but, more disturbingly, they continued to share the basic premises of German unity, centralization, and German recovery represented in both Bismarck's and Hitler's world views. The French official position towards the Free German émigrés was thus not the product of a blanket rejection of the use of émigrés, but a calculated move.

The fact that the French authorities evaluated the degree to which the émigrés' programmes matched their own priorities, rather than refusing cooperation on principle, is demonstrated by evidence that they utilized those individuals and groups who supported French policy, and were politically useful to it. A revealing (even if peculiar) case is that of the Saar, a region which had changed hands several times between Germany and France, but which had been under German control since the plebiscite of 1935, and was now part of the French occupied territory in Germany. The Saar became something of an 'émigré state' even before it was given autonomous status and was economically integrated into France after 1947.[122] Gilbert Grandval, who in August 1945 became the Saar's military governor, found in the returning émigrés a useful means to strengthen the cooperation between his military and their civilian administrations, and from the start they assumed vital positions in the Saar civilian authorities.[123] The German Catholic democrat Johannes Hoffmann, a vocal opponent of the return of the Saar to Germany in 1935, had emigrated first to France and then to Brazil, where he kept in close contact with members of the French Resistance. In September 1945, he returned to Saarbrücken via Paris with help from the Interministerial Committee on German and Austrian Affairs (Comité Interministériel des Affaires Allemandes et Autrichiennes, CIAAA)—the new liaison office between the French occupation authorities in Germany and the ministries in Paris. Shortly afterwards he became head of the newly licensed Christian People's Party of the Saar (CVP), and later minister

---

[120] See Wolfgang Langhoff, *Die Bewegung freies Deutschland und ihre Ziele* (Zurich, 1945), 20. Also see Karl Hans Bergmann, *Die Bewegung 'Freies Deutschland' in der Schweiz, 1943–1945* (Munich, 1974).

[121] Langhoff, *Die Bewegung freies Deutschland und ihre Ziele*.

[122] Gerhard Paul, 'Saarland', in Krohn et al. (eds.), *Handbuch der deutsch-sprachigen Emigration*, 1176. See essays in Rainer Hudemann et al. (eds.), *Grenz-Fall: das Saarland zwischen Frankreich und Deutschland, 1945–1960* (St Ingbert, 1997).

[123] Dieter Marc Schneider, 'Gilbert Grandval: Frankreichs Prokonsul an der Saar', in Stefan Martens (ed.), *Vom 'Erbfeind' zum 'Erneuerer': Aspekte und Motive der französischen Deutschlandpolitik nach dem Zweiten Weltkrieg* (Sigmaringen, 1993), 210. Between Mar. and July 1945, the territory was still controlled by American troops, and some émigré appointments dated from this period.

---

president of the Saar.[124] Hoffmann was no isolated example. More émigrés were appointed to the new Saar administrative commission after the first communal elections on 8 October 1946, among them Richard Kirn as director for work and welfare, and Emil Straus as director for education. German émigrés also played a vital role in the political parties of the Saar; most of them—such as the CVP, the Social Democratic Party (SPS), and the Communist Party (KPS)—were in fact run by returning émigrés.[125] Another influential political movement run by émigrés was the Mouvement pour la Libération de la Sarre (MLS), founded in March 1945 by German exiles in Paris, and which demanded the complete annexation of the Saar by France. Members of this movement, and its later reincarnation as the Mouvement pour la Rattachement de la Sarre à la France (MRS), were appointed by the military authorities to a number of influential positions.[126] In all these cases, the preference for émigrés was a component of the French political programme for the Saar, which included calls for the separation of the Saar from Germany and its economic integration with France.

The French authorities' relationships with German political émigrés were thus shaped by their support of French policies. A party which initially did not share this programme and which did not have an émigré leader, the DPS (Democratic Party of the Saar), was licensed later than the other parties, only after Grandval and his staff had coaxed its leaders into agreement with a separation of the Saar. Conversely, the émigré-headed parties of the Saar (except for the KPS) had from the start assured their compliance with French occupation policy in the Saar.[127] CALPO, by contrast, disagreed over the issue of the separation and decentralization in the Saar, and founded its own organization for Saar refugees, and trained its members for administrative duties there, without abandoning its calls for the full integration of the Saar with the rest of Germany.[128] The importance of émigrés' affinity with the French occupation programme as a precondition for their political success is also illustrated by those CALPO members who did return to the Saar, but left again thereafter— such as Otto Niebergall, CALPO's president, who was expelled by the military authorities in 1947 and moved to Rheinland-Pfalz (a different *Land* in the French zone), and Fritz Nickolay, who presided over the KPS, but moved to the GDR in 1950 after being accused of causing public unrest at a May Day demonstration.[129]

---

[124] Klaus Altmeyer, 'Johannes Hoffmann: Sein politisches Wirken in den Nachkriegsjahren 1945 bis 1947', in Brigitte Steinle (ed.), *Johannes Hoffmann: Ein Leben* (Saarbrücken, 1993). 'Wieder in der Heimat', *Neue Saarbrücker Zeitung*, 29 Sept. 1945, in Johannes Hoffmann, *Am Rande des Hitlerkrieges: Tagebuchblätter* (1948; Gollenstein 2005). Johannes Hoffmann, *Das Ziel war Europa: der Weg der Saar, 1945–1955* (Munich, 1963). Other émigrés in key positions were Heinrich Danzebrink, as head of internal affairs, and Georg Schulte, as head of personnel.

[125] Winfried Becker, 'Die Entwicklung der politischen Parteien im Saarland 1945 bis 1955 nach französischen Quellen', in Rainer Hudemann et al. (eds.), *Die Saar 1945–1955/La Sarre 1945–1955: Ein Problem der europäischen Geschichte* (Oldenbourg, 1992).

[126] Incl. the politicians Edgar Hector, Thomas Blanc, and Friedrich Pfordt (the latter a communist), the lawyer Charles Levy, the journalists Claus Becker and Walter Gebelein, and the police official Jacques Becker. See Röder and Strauss (eds.), *Biographisches Handbuch*.

[127] Schneider, 'Gilbert Grandval', 211.

[128] See Bungert, *Das Nationalkomitee und der Westen*, 135.

[129] Röder and Strauss (eds.), *Biographisches Handbuch*.

Elsewhere in the French zone, there were few returning émigrés in leading administrative positions, proportionately even fewer than in the British and American zones. In the media the numbers were surprisingly low: only 7.6 per cent of all returning émigrés who worked in the media went to the French zone, compared to over 40 per cent in the Soviet zone, 26 per cent in the American zone, and almost 17 per cent in the British.[130] The French zone's health authorities, too, were not significantly shaped by émigrés. Since French policy prioritized decentralization, this absence of émigrés can be explained to a large degree by the fact that the main German political parties and movements—unlike those in the Saar—had no history of lobbying for separation or decentralization of the cobbled-together regions in the French zone. In fact, in all zones (apart from the Saar) both the SPD and the KPD opposed any decentralization or dismemberment of Germany, and continually tried to develop inter-zonal party programmes. Similarly, German doctors active in the SPD or KPD had since the 1920s argued for greater centralization in the German health service and the establishment of a central ministry of health. In the French case, this, rather than any communist affiliations, would have made them extremely unpopular with the occupation authorities.

A revealing exception in the French zone's health sector is the case of Frédéric Falkenburger, a German Jewish doctor who had studied medicine at the University of Strasbourg before the First World War, and subsequently worked in Berlin in a venereal disease clinic and local health insurance body. He emigrated to France in 1933. In 1936–7 he spent some time working in Moscow, before returning to France and taking French citizenship in 1937. In the same year he also began to work at the Centre National de la Recherche Scientifique (CNRS) in Paris. He returned to Germany in 1945 as an officer in the French military government's Public Health Branch in Baden-Baden. Later he became head of the health service of the French high commissioner in Germany, and was for some time based at both the universities of Mainz and Paris.[131] His value to the French authorities was no doubt highlighted by the fact that he had been educated at French institutions, and was bilingual and naturalized. Like Maxim Zetkin in the Soviet zone, Falkenburger was an 'intermediary' between French and German officials, and unlike most other Germans who came back in French uniform and as French citizens, Falkenburger continued to work in Germany until his death.

(iii) The Soviet Union and German émigrés

The Soviet scenario was different again. The community of political exiles in the Soviet Union was much more homogenous in its interests than those in France,

---

[130] See Wolfrum in Krohn and Schildt (eds.), *Zwischen den Stühlen?* Also see Krauss, *Heimkehr in ein fremdes Land*, and Johannes Tuchel, 'Le Souvenir de la résistance au national-socialisme dans l'Allemagne d'après 1945', in François Marcot and Didier Musiedlak (eds.), *Les Résistances, miroirs des régimes d'oppression, Allemagne, France, Italie* (Paris, 2006), 375–87.
[131] He died in Mainz in 1965. See Joseph Walk, *Kurzbiographien zur Geschichte der Juden, 1918–1945* (Munich, 1988), and Röder and Strauss (eds.), *Biographisches Handbuch*. He may have converted to Catholicism after divorcing his Jewish wife (Else Joseph) and marrying a Roman Catholic woman, Herta Friedrich.

Britain, or the United States. German representatives in the Comintern's executive committee estimated in 1936 that of the roughly 4,600 Germans with 'political émigré' status, the vast majority were communists. In 1938 and 1939 their number was increased further by the arrival of communists who had fought in the Spanish Civil War or who came from French internment camps.[132] Because of non-communists' reluctance to emigrate to the Soviet Union—and even if they did, because of countless problems in being granted asylum status and establishing themselves in exile[133]—there were fewer competing factions among the political émigrés. Doctors were strongly represented among both the communist émigrés and those who initially arrived as 'Jewish' refugees, and many were employed in the Soviet health service to alleviate a serious shortage of doctors. Whereas in Britain and America German doctors often had to retrain and requalify before they could work, here they were easily absorbed. This proved particularly important for the post-war years because, at least in German eyes, émigré doctors were valuable in the future German reconstruction after the war. As Lothar Wolf—himself a communist doctor from Berlin, and in exile in the Soviet Union since 1934—explained to Wilhelm Pieck: 'the emigration and use of such a large number of doctors has a great political significance (not just in terms of health policy) for the KPD and its training of cadres. These doctors, as highly qualified forces, will be very useful once in Germany.'[134]

The émigrés faced undeniable difficulties in Soviet exile. They had to undergo rigorous checks into their past and present activities. Only a minority of them were based in Moscow, while many more were scattered across the Soviet Union, including Siberia.[135] They had to stay silent during the German–Soviet pact, many had died in Spain, and many more were deported or executed during the Stalinist purges. Lothar Wolf was arrested by the state security service (NKVD) in 1937 and died shortly afterwards. His wife Martha Ruben-Wolf, also a politically active doctor from Berlin, committed suicide in 1939.[136] There were many similar cases. Nonetheless, Soviet policy on the use of German nationals for future work in Germany was more flexible than that of Britain and the United States. The Soviet government supported and worked with those émigrés who were useful to its priorities in Germany, even more actively than the French. A number of exiles were able to draw upon older émigré infrastructures, such as political groups, as well as

---

[132] Hans Schafranek, 'Sowjetunion', in Krohn et al. (eds.), *Handbuch der deutsch-sprachigen Emigration*, 384. Carola Tischler quotes estimates in 1936 of 'four to five thousand émigrés', and thinks that the number was probably higher. Tischler, *Flucht in die Verfolgung: Deutsche Emigranten im sowjetischen Exil, 1933 bis 1945* (Münster, 1996), 26.

[133] Tischler, *Flucht in die Verfolgung*, 26.

[134] My trans., Wolf to Pieck, 27 July 1936, quoted in Tischler, *Flucht in die Verfolgung*, 78.

[135] Tischler, *Flucht in die Verfolgung*, 78.

[136] See Anja Schindler, 'Mit der Internationale durchs Brandenburger Tor', in Ulla Plener (ed.), *Leben mit Hoffnung in Pein: Frauenschicksale unter Stalin* (Frankfurt/Oder 1997), 35–53; and Reinhard Müller, '"Menschenopfer unerhört": Eingaben und Briefe deutscher Emigrantinnen an Stalin, Molotow und andere', in Simone Barck, Anneke de Rudder, and Beate Schmeichel-Falkenberg (eds.), *Jahrhundert-schicksale: Frauen im sowjetischen Exil* (Berlin, 2003). Also see Lothar and Martha Ruben-Wolf, *Im freien Asien: Reiseskizzen zweier Ärzte* (Berlin, 1931)

---

some of the institutional remainders left behind by the German minorities in the Soviet Union (newspapers, periodicals, publishing houses, and theatres).[137] And just as communist émigrés in France benefited from their connections to the French Communist Party, émigrés here were more embedded in Soviet political institutions and networks than those in either British or American exile—in the orbits of the Comintern, the Soviet Communist Party's training schools, universities, and the Red Army.

The recognition that émigrés could be of assistance to the occupying powers was thus not at issue. The situation was in some ways simpler than it was in the West. Many communists, émigrés and Russians alike, agreed with a distinction in principle between the German working class, who suffered under the small clique of Nazis and who had been used as cannon fodder to fight their war, and those responsible for the war. For many non-communists, this distinction between apparently good and bad Germans was much harder or even impossible to maintain. A diary entry by Georgy Dimitrov offers a glimpse of this position. In 1938, in the context of developments in Czechoslovakia, he commented that 'a nation is not some gang of traitors willing for the sake of its class privileges to offer up its own people to be torn to pieces by German fascism. A nation is millions of workers and peasants, working people, who are being betrayed by the Chamberlains and Daladiers.'[138]

In discussions with German comrades in subsequent years, Dimitrov applied this notion to Germany. A diary entry from January 1943 recorded a meeting with Wilhelm Pieck and the German writer Johannes R. Becher, both of whom he advised to be clear about the differences between the Nazis and the German population at large—if not from conviction then for reasons of political expediency: 'I explained to Becher', he wrote, 'that it is politically inexpedient to represent the German people in its *entirety* as corrupt, with bad and dangerous qualities. You have to differentiate and show the positive qualities to be found in the depths of the German people, on the strength of which the German people could rise up and rid themselves of the Hitlerite clique, washing away their shame and the bad and dangerous qualities. There is a need for serious national self-criticism, but not for indiscriminate self-flagellation.'[139] In March 1945, Dimitrov noted that while Hitler was trying to drag 'the German populace down with him into the abyss', what they needed was 'for some Germans to appear who are capable of salvaging what could still be salvaged for the survival of the German people. Organise the municipality . . . , re-establish the economy, etc., on the German territory taken and occupied by the Red Army. Establish local government agencies out of which would eventually develop a German government'.[140]

In addition to being willing to distinguish between good and bad Germans (or at least between those who were useful and those who were not), Comintern

---

[137] Schafranek in Krohn et al. (eds.), *Handbuch der deutsch-sprachigen Emigration*, 387.
[138] Banac (ed.), *Diary of Georgi Dimitrov*, 24 Oct. 1938, 86.
[139] Banac (ed.), *Diary of Georgi Dimitrov*, 20 Jan. 1943, 256.
[140] Banac (ed.), *Diary of Georgi Dimitrov*, 17 Mar. 1945, 363.

officials had long been involved in the German Communist Party, whose leading individuals identified themselves as communists first and Germans second. Although the Comintern was officially disbanded in 1943—just days before the formation of the NKFD—its equipment and operations were taken over by a number of Soviet agencies, and aspects of its approach informed official activities. Soviet priorities at this point lay strictly with winning the war and conducting military operations, but their interests overlapped with those of the Comintern, not least because the lack of preparations for the occupation dictated that they use Germans' help in rebuilding Germany wherever they could.[141] This was also exactly what Ulbricht and the KPD leadership had in mind. The Central Committee of the Soviet Communist Party had, at any rate, long been involved in the training of German communists who were in Soviet exile, and memoirs of the period of exile in the Soviet Union often record the many training schools and cadre programmes.[142]

Some time before the French authorities (and in contrast to those in London and Washington), the Soviet government decided to make use of German émigrés for the implementation of their German policy. Where in France it was émigrés' affinity with the French occupation agenda that mattered most, Soviet officials were more interested in broader questions of political reliability and party training. With the plurality and changeability of Soviet plans for the future occupation, insisting on adherence to any principles was not very practical.[143] Even after Stalin's proclamations at the Teheran conference in November 1943 on the harshest possible treatment of Germany the Soviet authorities did not rule out a collaboration with German émigrés. Throughout the war they maintained close contacts with people such as Pieck and Ulbricht. Although by the end of the war Dimitrov was not as influential as he had been in the late 1930s, through him something of the old Comintern mentality found its way into the spring 1945 preparations for the Soviet administration of their German zone. Significantly, it was Dimitrov (himself a Bulgarian) who regularly met the Germans, as well as all the other national groups of the Comintern, to discuss their future tasks. When in November 1943 a group of German émigrés came to see him about a range of German issues, he '[B]rought to their attention', he wrote in his diary, 'that they are to proceed on the basis of *the most likely prospect*, the destruction of fascist Germany under the blows of the armed forces of the Sov[iet] Union and its allies, [and] thereafter the temporary occupation of Germany, with all the ramifications of this fact. Therefore the task of the German Com[munist] party (as regards the postwar period) lies first of

---

[141] Norman Naimark, *The Russians in Germany: A History of the Soviet Occupation Zone, 1945–1949* (Cambridge, Mass., 1997), 10, 41. Also see Alexander Fischer, *Sowjetische Deutschlandpolitik im Zweiten Weltkrieg, 1941–1945* (Stuttgart, 1975).

[142] See e.g. Klaus Jarmatz, Simone Barck, and Peter Diezel, *Exil in der UdSSR* (Leipzig, 1979). Also see Beatrix Herlemann, 'Der deutschsprachige Bereich an den Kaderschulen der Kommunistischen Internationale', *Internationale Wissenschaftliche Korrespondenz*, 18/2 (1982), 205–29. Jörg Morré, 'Kader aus dem Exil: Vorbereitungen der KPD auf eine antifaschistische Nachkriegszeit', in Andreas Hilger, Mike Scheitzner, and Clemens Vollnhals (eds.), *Sowjetisierung oder Neutralität? Optionen sowjetischer Besatzungspolitik in Deutschland und Österreich, 1945–1955* (Göttingen, 2006).

[143] On the changing Soviet thoughts on the occupation of Germany, see Ch. 6.

all in creating the sort of organised national force that, with the help of the Soviet Union, would be capable of taking upon itself the rebirth of Germany as a genuinely democrat[ic] country.'[144] During the last days of the war, it was primarily Dimitrov who, with the help of Pieck and Ulbricht, prepared lists for Stalin of the German émigrés and POWs who were to be sent back for work in the occupied territory.[145] When the Red Army approached the German border, Pieck made a formal request to Dimitrov to send a group of German communists with the Red Army to liberate Berlin. Dimitrov approved this, and on his recommendation the Central Committee sent three groups to Germany, one with each of the major armies.[146] During June 1945, roughly 70 German communists and 300 POWs from the antifascist schools were sent back to Germany for administrative work.[147]

After Germany's unconditional surrender, the Free Germany committee in Moscow was disbanded and many of its members were appointed to positions in the state and security apparatus of the Soviet zone in Germany. Local administrations were put into the hands of returning émigrés, most of whom had been members of the NKFD or active in its orbit, in the antifascist schools, or in some of the other organizations mentioned above. Maxim Zetkin was among those who returned from Moscow to Berlin in 1945, and participated in the construction of the Soviet zone's Central Health Administration. As its vice-president, he was responsible for the all-important organizational and personnel matters, as well as for liaison with the Soviet Military Administration. Zetkin, perhaps even more so than Falkenburger, was a useful 'intermediary', because he was known in both Soviet and German circles. As Max Klesse (a colleague of Zetkin's in Berlin) noted in October 1946, 'from the returning émigrés only the name of Zetkin was known well by all Germans, even by non-communists, and—this is more important still—was revered everywhere. Ulbricht, Wandel, and Wintzer, who in spite of their intelligence and engagement were not widely known, would have acquired resonance, especially among the German proletariat, if associated with Zetkin's name.'[148]

Nor were Soviet initiatives to bring back émigrés and appoint them to key positions restricted to those in Soviet exile. Officially sanctioned returns included the arrival of a large group of KPD functionaries from Scandinavia in January 1946,[149] of communists from Mexican exile in May 1946, and of some communists from

---

[144] Banac (ed.), *Diary of Georgi Dimitrov*, 20 Nov. 1943, 287. See also meetings recorded on 9 Sept. 1944 (334), 5 Jan. 1945 (352), 1 Apr. 1945 (365), 6 June 1945 (372), 7 June 1945 (372), 8 June 1945 (372), and 9 June 1945 (372–3).

[145] Banac (ed.), *Diary of Georgi Dimitrov*, see 29 Mar. 1945 (364), 24 Apr. 1945 (369), 28 Apr. 1945 (369).

[146] Naimark, *Russians in Germany*, 252. Wolfgang Leonhard, *Die Revolution entlässt ihre Kinder* (Cologne, 2003).

[147] Naimark, *Russians in Germany*, 42.

[148] BBAW, Max Klesse to Genosse Zetkin, 26 Oct. 1946. He was talking about Walter Ulbricht, Paul Wandel (minister for public education and youth), and Otto Winzer (minister for foreign affairs).

[149] Michael Scholz, *Skandinavische Erfahrungen unerwünscht? Nachexil und Remigration; die ehemaligen KPD Emigranten in Skandinavien und ihr weiteres Schicksal in der SBZ/DDR* (Stuttgart, 2000).

Britain in the summer of 1946. Many of the individuals active in the orbits of the Free German groups ended up in the Soviet zone/GDR. Heinz Schmidt returned from the UK in 1946, together with his Austrian wife Eva Schmidt-Kolmer, who joined the Central Health Administration. Rudolf Neumann came back from Mexico in 1947, and became *Oberarzt* at the Hufeland Hospital in Berlin. Kurt Winter arrived from Sweden in 1945, and after working as a district physician in Teltow directed the Brandenburg public health department and subsequently became a vice-president of the Central Health Administration. Felix Boenheim returned from the United States and went to Leipzig in 1948, where he became a professor for internal medicine and director of the Medizinisch-Poliklinisches Institut at the University of Leipzig. Rolf Becker, Carl Coutelle, and Herbert Baer all returned in 1948 and worked in the Central Health Administration and in other leading capacities in the health service.[150] Conversely, those who had to rely on support from the British, American, or French authorities often did not return. Käte Frankenthal, Franz Goldmann, Alfred Korach, and Heinrich Brieger all remained in the United States.[151] Lucie Adelsberger also did not manage to get into Germany and moved to the United States.[152] The only exceptions of émigrés in this chapter who flourished in the British or American zones are Robert Kempner, who assisted the US chief counsel during the International Military Tribunal at Nuremberg and worked temporarily at the German Foreign Office (but never settled permanently in Germany), and Kurt Glaser, who returned in 1948 and later joined the local health service in Hamburg, and later still became a member of the Federal Health Council (Bundesgesundheitsrat) in the FRG.[153]

CONCLUSIONS

At the same time as the Allied governments began to draw up plans for the postwar period and their dealings with Germany, German émigrés across the world tried to take part. In the many branches of the Free German groups, and in countless other organizations, they drafted proposals for the reconstruction of Germany after the war and lobbied the future occupying powers to be allowed to participate. Their relations with the British, American, French, and Soviet authorities were consequently often fraught. The Big Four dealt with them very differently. The British and American governments formally refused to acknowledge a distinction between Germans at large and those who had emigrated, or between different

---

[150] See Röder and Strauss (eds.), *Biographisches Handbuch*. Müller-Enbergs et al. (eds.), *Wer war wer in der DDR?*. *Pasaremos: Deutsche Antifaschisten im national-revolutionären Krieg des spanischen Volkes* (Berlin, 1970).

[151] See Röder and Strauss (eds.), *Biographisches Handbuch*. Gerhard Baader, 'Politisch motivierte Emigration deutscher Ärzte', *Berichte zur Wissenschaftsgeschichte*, 7/2 (1984), 67–84. Kathleen Pearle and Stephan Leibfried (eds.), *Der dreifache Fluch: Jüdin, Intellektuelle, Sozialistin: Lebenserinnerungen einer Ärztin in Deutschland und im Exil* (Frankfurt am Main, 1981).

[152] See Eduard Seidler, *Kinderärzte 1933–1945: Entrechtet, geflohen, ermordet* (Bonn, 2000).

[153] See Röder and Strauss (eds.), *Biographisches Handbuch*.

sections of the émigré community. They viewed them as ineffective and out of touch with developments in Germany, and insisted that cooperation with them was politically undesirable. Both the Soviet and the French governments, by contrast, proved more willing to differentiate between different kinds of Germans. Partly this was a result of émigrés' closer links with a number of Soviet and French political institutions (and the absence of those associations in Britain and the United States), and especially in France it reflected internal divisions. To some degree it was also a feature of the greater requirement for collaborators by the two occupying powers who were most in need of material and political support. As a result, the Soviet authorities recognized some émigrés as a potentially useful means to advance Soviet aims. French authorities made similar calculations and made use of émigrés who supported their policies of separation and decentralization in the territory of the Saar, and to a lesser degree in other parts of their occupation zone.

None of the three western occupation zones (apart from the region of the Saar) showed great numbers of returning émigrés in leading positions, but this observation disguises significant differences between them. In the French case it was a feature of the disagreements between French and German views on the future of Germany, whereas in the other two western zones it was rooted in a blanket rejection of cooperation with the émigrés and their claim to represent 'the other Germany'. Conversely, the vast majority of returning émigrés worked in the Soviet zone and in the Saar, and in both cases the occupiers had decided early on that the émigrés were useful for their own agendas. Where British and American planners justified their decisions by pointing to likely tensions between the returning émigrés and the native population, the Soviet and French authorities were most concerned about the Germans' relationships with the occupation authorities, and some also saw the potential of émigrés to convert and teach the German population. In all four cases, the Allies' position on German émigrés appeared as a facet of their approach to Germany and the future occupation.

All of this is significant, even if during the first year of occupation the stance of some American occupation authorities softened and they brought back a number of people from exile—such as the SPD politician Wilhelm Hoegner and a group of journalists from Switzerland and Britain.[154] Such instances notwithstanding, the Anglo-American reluctance to work with German émigrés lived on in the restrictive repatriation measures. Émigrés who sought to return were in most cases prevented until 1947 or later. The reasons given, such as a lack of transport to Germany, often hid a multitude of political considerations. And even after the ban was officially relaxed, a return was often a complicated procedure with endless bureaucratic obstacles, which took years to overcome. The consequences for public health work of this absence of trusted German collaborators in the first months after the war will be examined in Part II.

[154] Krauss, *Heimkehr in ein fremdes Land*.

4

'Now, back to *our* Virchow':[1] German Medical and Political Traditions in Post-war Berlin

> In these current dark times there are still some rays of light for the German people—in spite of all errors and crimes which have been perpetrated in their name—they are the rays of hope which arise from the unquenchable spring of their intellectual and spiritual past.[2]

As they arrived in Germany, the Allies were forced to rely on the cooperation of the German medical authorities. While Chapter 3 looked at German émigrés, this chapter focuses on those German doctors and health officers who never left the country, the large majority in the profession. How did they reflect on the events of the previous decade? How did they present their careers and relate to their émigré compatriots, some of whom were now returning to Germany, and the occupiers? This chapter focuses on Berlin, which became both the seat of the quadripartite Allied Control Council (ACC) and the capital of the Soviet zone.

Most historians have now abandoned the once-popular idea of a 'Zero Hour' (*Stunde Null*) and a radical transformation of German society after the end of the war. This chapter, too, shows that the break after 1945 was not nearly as radical as many earlier studies claimed. Berlin is a useful illustration of the many continuities in health administration and medical practice: old institutions remained essentially unchanged, individuals continued in their old jobs, and long-acquainted groups and networks of German doctors survived intact. This continuity of personnel and institutions was accompanied by proclamations about the importance of a number of positive German traditions, both political and medical. But although continuity was an important feature of the reconstruction of the health service after 1945, there were fundamental disagreements within the medical profession about their history, their tasks, and their future.

This chapter also throws light on the intellectual reconstruction of Germany after 1945. A number of studies have investigated the complex identity politics in both German states after 1949. Mary Fulbrook, for example, has argued that the 'singing tales of heroes and martyrs' was a crucial part of the construction of national identity in both Germanies: '"good" traditions in the past had to be

---

[1] Prof. Dr Curt Froboese, *Rudolf Virchow, ∗ 5.9.1902—ein Gedenk- und Mahnwort an die heutige Ärztegeneration 50 Jahre nach seinem Tode* (Stuttgart, 1953), 62.

[2] [The editors], 'Zum Geleit', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/1 (Jan. 1947), 1.

found and celebrated as forebears of the present, while those responsible for the evils of Nazism had to be both identified and dealt with, both in reality (denazi-fication, restructuring) and in interpretation (the tales told about the nation's history)'.[3] As we will see, such a process also occurred in medicine and public health, where heroes were indentified, German traditions recounted, and their apparent antecedents and origins celebrated. The pathologist Rudolf Virchow (1821–1902) was celebrated by different groups of medical officers, but for very different reasons. In the context of the post-war trials and debates about blame for the war and defeat, celebrations of heroes helped to assert the value of 'good' German traditions in the past, and thereby isolated the criminality of Nazi medicine.

The material presented here also helps us to understand the role of the occupiers' presence in Germany after 1945. German historians have, with renewed vigour after 1989, emphasized the permanence of German ideas and practices from the nineteenth century to the post-war period. From them we know that after 1945 many German institutions from the 1920s, the apparent heyday of public health, were recreated.[4] But even those scholars who specifically look at the 1945–9 period tend to blank out the occupiers' involvement in 'German' history. They concen-trate exclusively on German medical organizations and health personnel, without understanding the wider political context of the occupation. They also often neglect to consider the role of national self-justification in the post-war debates.[5] This chapter argues that the presence of the occupiers was an important stimulus for publicly voiced arguments on history and precedents. Declarations on the via-bility and desirability of German traditions were often specifically targeted at the Allies and German critics, to make the case that Germany was still a great nation with a role to play in the world.

Berlin housed two public health offices with different remits: one administered health work for the Soviet zone (the Central Health Administration), the other operated as part of the city administration (the Health Department of the Magis-trat of Berlin). Both began to work shortly after the end of the war in offices in close physical proximity. While elsewhere in Germany health committees were cre-ated as advisory bodies for the military governments with few powers of their own (such as the British zone's Zonal Health Advisory Council, and the health group in the American zone's *Länderrat*), both of the authorities discussed here had execu-tive powers. Both were composed of German officials, but had to liaise with the occupation authorities. Although both were appointed and endorsed by the Soviet

---

[3] Mary Fulbrook, 'Re-Presenting the Nation: History and Identity in East and West Germany', in Fulbrook and Martin Swales (eds.), *Representing the German Nation: History and Identity in Twentieth-Century Germany* (Manchester, 2000), 177–8.

[4] Recent studies include Gabriele Moser, *'Im Interesse der Volksgesundheit…': Sozialhygiene und öffentliches Gesundheitswesen in der Weimarer Republik und der frühen SBZ/DDR—ein Beitrag zur Sozialgeschichte des deutschen Gesundheitswesens im 20. Jahrhundert* (Frankfurt, 2002). Ulrike Lindner, *Gesundheitspolitik in der Nachkriegszeit: Großbrittanien und die BRD im Vergleich* (Munich, 2004).

[5] Compare with Donna Evleth, 'Vichy France and the Continuity of Medical Nationalism', *Social History of Medicine*, 8/1 (Apr. 1995), 95–116.

authorities, they had radically different political affiliations, outlooks, and ways of presenting their own past and the future of German medicine.

THE MAGISTRAT OF BERLIN AND THE BERLIN CITY HEALTH DEPARTMENT

(i) Origins and Composition

The foundations for a joint occupation of Berlin were laid by the European Advisory Commission (EAC) in London during the war, and many details, including a division into sectors (one for each of Britain, the United States, and the Soviet Union), were agreed by autumn 1944. At the Yalta conference in February 1945 France was also given a share, including its own occupation zone and Berlin sector. Berlin was thus designed to be a miniature version of the Allied occupation of Germany: each of the occupiers was to administer one Berlin sector, and the four city commanders and their staffs were to govern together in the Allied Kommandatura of Berlin. In practice, these arrangements were complicated by the armies' locations in early 1945. American and British troops were focused on combat in the north and west of Germany, while the Red Army, coming from the east, was much closer to Berlin. By March 1945, in spite of misgivings, the American and British governments agreed to let the Soviet troops conquer Berlin (the French were in no position to prevent this), and to move into their own sectors later.[6] The Soviet Berlin offensive began in mid-April 1945, and on 21 April they entered the northern and eastern suburbs. After intense street fighting, German troops in the capital capitulated on 2 May 1945, followed a few days later by the formal surrender of the Wehrmacht in Reims.

As a result, Berlin was under sole Soviet control from May until early July 1945. Until his death in a car accident on 16 June 1945, the administrative and political power for the city lay in the hands of the Soviet city commander, Nikolai Berzarin, and his staff.[7] Soviet officers were allocated to oversee the re-establishment of administrations in each city district. Under their watchful eyes, mayors and local councils (each with a health department headed by a medical officer) were appointed. A city-wide council, the Magistrat, was established as the main city authority, to liaise with and take orders from the Allied Kommandatura. When in July the British, French, and American forces finally moved into their sectors and the Kommandatura took over, the German administration had already been up and running for weeks. On 11 July 1945, the Kommandatura's first order specified that all previous Soviet arrangements for Berlin, including the German

---

[6] Field-Marshall Montgomery was among those who criticized this decision, see Bernhard L. Montgomery, *The Memoirs of Field-Marshal the Viscount Montgomery of Alamein* (London, 1958), 277 and 331–2.

[7] On Berzarin's appointment see 'Befehl Nr.1 des Chefs der Besatzung der Stadt Berlin', 28 Apr. 1945, in Senat von Berlin (ed.), *Berlin: Quellen und Dokumente* (West Berlin, 1964), i. 208–10. Georgi K. Zhukov, *Reminiscences and Reflections* (Moscow, 1985), 410.

appointments, were to stay in effect.[8] Berlin was governed in this way by both Allied Kommandatura and German Magistrat (which from October 1946 contained elected officials) until summer 1948, when clashes between the occupiers culminated in the Soviet blockade of Berlin and an end to quadripartite cooperation.

Who was working at the Magistrat? The body's initial composition had its roots in the German Communist Party's (KPD) preparations in Soviet exile. Of the three groups of German communists sent from Moscow to Germany in spring 1945, Walter Ulbricht's was instructed, among other tasks, to find suitable officials for Berlin. Immediately after their arrival in Berlin on 2 May, they went about finding candidates for the district councils and the Magistrat. General guidelines worked out in Moscow specified that the new administrations were to contain a broad range of antifascists. Communists were to take a significant part, but were to be joined by social democrats, liberals, and politically acceptable 'specialists'. One of the main selection criteria was a positive attitude towards working with the Soviet authorities.[9]

While to Ulbricht it was crucial that communists held key administrative positions (particularly those enabling the control of personnel policy and education), other considerations prevailed for the Health Department. Ulbricht's first contact was the well-known surgeon Ferdinand Sauerbruch. Even though Sauerbruch was 'an old German nationalist', Ulbricht thought it 'necessary first of all to create normal living conditions for the population here in Berlin and to organize the health service. Later we can talk about our potential political differences.'[10] Sauerbruch agreed to Ulbricht's offer, and, as a result of his recommendations, other health appointments targeted leading members of the medical establishment, including Erwin Gohrbandt, director of the surgical department of the Robert-Koch Hospital, and the senior civil servant and medical officer Franz Redeker.[11] The Health Department, and its contrast with other Magistrat departments, tells us much about how public health and medicine were being approached by Ulbricht and the Soviet authorities. While an immediate resumption of work was vital and time could not be wasted in the selection of candidates, the choice of Sauerbruch and co. was hardly accidental. It proved highly beneficial to have the great German surgeon on their side; his authority helped to recruit the medical establishment to the Magistrat's initiatives and programmes, and ensured their cooperation.

On 13 May 1945, Berzarin approved Ulbricht's selections to date. The opening meeting of the Magistrat's Constituent Assembly took place a week later on

---

[8] Wetzel in Christoph Weisz (ed.), *OMGUS-Handbuch: Die amerikanische Militärregierung in Deutschland, 1945–1949* (Munich, 1994), 381–683. Lucius Clay, *Decision in Germany* (London, 1950), 30–2.

[9] Dieter Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats der Stadt Berlin, 1945/46* (Berlin, 1995), i. 33–5. Wolfgang Leonhard, *Die Revolution entlässt ihre Kinder* (Cologne, 2003), 311 ff.

[10] Ulbricht in Gerhard Keiderling (ed.), *'Gruppe Ulbricht' in Berlin, April bis Juni 1945: Von den Vorbereitungen im Sommer 1944 bis zur Wiedergründung der KPD im Juni 1945* (Berlin, 1993), 675.

[11] 'Erste Namensliste für den Berliner Magistrat', 9 May 1945, lists Sauerbruch and Gohrbandt and states that a KPD doctor should still be located. Gerhard Keiderling (ed.), *'Gruppe Ulbricht' in Berlin*, 312, also mentioned in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*, 35.

19 May, and its first official sitting the following day.[12] The Health Department began to work immediately. In the bombed-out ruins of Berlin, its central task was to direct the district health offices' urgent epidemic work. It was to organize vaccination and disinfection campaigns, and to regulate how officials were to locate sources of infection, quarantine infected individuals, organize clean-up operations, bury corpses, record and report disease and mortality statistics, and see that the rules were enforced. The Health Department was also to supervise and approve the appointment of medical directors, consultants, and heads of departments at the Berlin hospitals.[13] On 19 May, the Health Department called its first meeting with the district medical officers. The meetings continued at roughly fortnightly intervals.[14]

Soon two overlapping circles of people came together in the Magistrat's health work. First, a number of its leading members were surgeons, internists, or pathologists who had trained and often worked for a long time at the prestigious Charité Hospital in Berlin—some had international reputations in scientific research. Second, the Magistrat's health office had among its ranks medical officers who had for many decades worked for the city health administration, most of whose careers had flourished during the Nazi regime. It is worth dwelling on who these two sets of people were and the connections that existed between them.

Chief among the Charité circle was Ferdinand Sauerbruch, a surgeon with an international reputation. By the time of his appointment in 1945, he could look back on a long medical career. Born in 1875 in the Ruhr district, he studied natural sciences at the University of Marburg before switching to medicine at the University of Leipzig.[15] In 1903, after a period of private practice and junior surgical positions, he joined the surgical department at the University Hospital in Breslau, where he began to specialize in thoracic surgery and carried out some pioneering experiments. Surgical operations in the thoracic cavity had been considered impossible because of the air pressure involved, but Sauerbruch devised a new method by surrounding the patient in an airtight container.[16] Sauerbruch's years in Breslau were followed by stints at clinics throughout Germany and Switzerland. After the First World War, where he served as an advisory surgeon to the German army, he became a professor at the University of Munich. In 1928 he received the chair in surgery at the Charité and the University of Berlin, and his reputation continued to blossom, unimpeded by his often conservative stance on surgical practice.[17]

---

[12] Keiderling (ed.), *'Gruppe Ulbricht' in Berlin*, Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*, 56.

[13] These and other tasks are described in LAB, C Rep. 118–40, Maron and Sauerbruch to district mayors and health offices, 27 June 1945. C Rep. 118–40, Report from Magistrat Health Department, 8 Aug. 1945.

[14] LAB, B Rep. 012/902-5, Sauerbruch to the District Health Offices, 19 May 1945. LAB, B Rep. 012/902-5, 'Bericht über die von der Abteilung für Gesundheitsdienst veranstaltete Dienstversammlung der leitenden Ärzte und der Amtsärzte der Berliner Gesundheitsämter', 27 May 1945.

[15] See Ferdinand Sauerbruch, *Das war mein Leben* (Munich, 1951).

[16] Jürgen Thorwald, *The Dismissal: The Last Days of Ferdinand Sauerbruch* (London, 1961).

[17] Apparently he had opposed the use of sulfadrugs and an increased specialization in surgery, and after 1945 tried to ban the use of penicillin in his clinic. See Thorwald, *Dismissal*, 39.

He became Hindenburg's personal physician and attended politicians such as Hitler, Heydrich, and Mussolini. During the Second World War he worked as the Wehrmacht's surgeon-general, and was a member of the scientific senate of the military medical service.[18]

His fame had declined during the war in Britain and the United States, where surgical advances had made his methods obsolete. Elsewhere, however, his name was unrivalled among living German surgeons. Particularly in the Soviet Union he was still celebrated, and his presence impressed the Soviet officers stationed in Germany. General Kuznetsov (head of the Health Department of the Soviet Military Administration in Germany (SMAG)) wrote to Marshall Zhukov about the German scientific institutions and materials his department had studied. Kuznetsov noted that he had informed the Soviet health ministry and the Academy of Sciences of 'a series of valuable achievements presenting interest to Soviet science', and proposed the organization of teams of Soviet scientists to come to Germany to study and 'to master these methods and to transmit them to Soviet practice'. He highlighted Sauerbruch's surgical work as of particular interest and importance.[19] In the course of the first post-war months, a string of Soviet officers of all ranks consulted Sauerbruch and asked for help with illnesses their own doctors had not been able to cure. Under Soviet protection, Sauerbruch received privileges such as a car, and food and drink, and apparently a sign was placed outside his house which read (in Russian) 'the great doctor Sauerbruch lives here', as a safeguard against any molestation.[20]

Sauerbruch, as one of the 'grand old men' of the Charité, was in friendly contact with other Charité veterans.[21] Many of them had not left Berlin and still worked in the large hospitals in and around the city; through Sauerbruch's influence they were co-opted into various jobs in the health administration. One such grand old man was the pathologist Robert Rössle. A year younger than his old friend Sauerbruch, he had studied under Rudolf Virchow, and from 1929 until 1948 held Virchow's famous pathology chair at the Charité. After 1945, he directed the Charité's pathology clinic and the pathological institute at a hospital in Berlin-Tempelhof.[22] He also joined a series of health committees and became secretary of the Academy of Sciences, but turned down the offer to work with Sauerbruch at the Health Department because of his full workload.[23]

Another member of this set was the internist Theodor Brugsch, who had trained and worked at the Charité until he received a professorship in internal medicine in

---

[18] Fridolf Kudlien and Christian Andree, 'Sauerbruch und der Nationalsozialismus', *Medizinhistorisches Journal*, 15 (1980), 201–22.

[19] BAB, Z47F, 7317/56/23, Kuznetsov to Zhukov, 7 Feb. 1946. Sauerbruch was also referred to in these terms in Z47F, 7317/56/21, Smirnov to Sokolov, 8 Dec. 1945.

[20] See Thorwald, *Dismissal*, 24.

[21] Thorwald, *Dismissal*, 22.

[22] Biographical essay by Wilhelm Doerr, in Herwig Hamperl and Wilhelm Doerr (eds.), *Robert Rössle in seinem letzten Lebensjahrzehnt, 1946–1956, dargestellt an Hand von Auszügen aus seinen Briefen an H. und R. Hamperl* (Berlin, 1976), 60–72.

[23] Letter from Robert Rössle to Herwig Hamperl, 17 Nov. 1946, in Hamperl and Doerr (eds.), *Robert Rössle*, 6.

Halle in 1927. In 1935 he retired from his chair following a dispute with his faculty, and returned to Berlin, where he opened a successful private clinic. In spite of his earlier clashes with colleagues and his marriage to a Jewish woman, he was consulted by some prominent Nazis.[24] In 1945 the Soviet Health Department was impressed by his reputation.[25] He was appointed to two positions: he ran the First Medical Clinic of the Charité; and he became a vice-president of the Soviet zone's Central Education Administration, with responsibility for the medical curriculum and medical faculties. In this second capacity he had to liaise with Sauerbruch's department. Brugsch had first met Sauerbruch at a conference in 1922, and had maintained friendly contact ever since.[26] Apart from a quarrel over the terms of Brugsch's reinstatement at the Charité, Brugsch later thought that his cooperation with Sauerbruch after 1945 had been very successful.[27]

Brugsch had in fact been asked to join the Central Education Administration by another acquaintance of this set: the surgeon Erwin Gohrbandt. Born in 1890, Gohrbrandt completed his medical training at the Charité in 1914. After service as an army medical officer in the First World War, he worked at the Charité's surgical clinic until 1928, when he was appointed as consultant (and in 1933 chief consultant) at the surgical department of the Urban-Krankenhaus in Berlin. From 1933 he also worked as a surgical consultant in the youth welfare service. In 1940 he became director of the surgical department at the Robert Koch Hospital in Berlin-Moabit and professor of surgery at the University of Berlin. After 1939 he also served as an advisory surgeon of the army, and then of the air force. In 1945 he joined the Magistrat as Sauerbruch's deputy, and also continued to work at the hospital in Moabit. Later, he rejoined the Charité.[28]

There were a number of other medical officers at the Magistrat, younger and less well known, but comparable in their training and career trajectories. Among them was Friedrich Schopohl, born in 1907, a gynaecological specialist at a number of Berlin hospitals before joining the Charité gynaecological clinic in 1936. He seems to have been a member of the National Sozialistische Deutsche Arbeiber Partei (NSDAP) for a year in 1930, and again from 1937 until 1945, but was eventually cleared by a denazification tribunal.[29] In 1946, several years before he was cleared, he was made chief consultant at the Charité's gynaecological clinic, and in 1948 was appointed as professor of gynaecology at the University of Berlin. In 1945 and 1946 he was also co-opted to work with the Magistrat Health Department, for example on a committee to

---

[24] Theodor Brugsch, *Arzt seit fünf Jahrzehnten* (Berlin, 10th edn. 1978). Wolfram Kaiser, 'In memoriam Theodor Brugsch (1878–1963)', *Zeitschrift für die gesamte innere Medizin und ihre Grenzgebiete Klinik, Pathologie, Experiment*, 33/18 (1978), 641–50.

[25] BAB, Z47F, 7317/56/23, Kuznetsov to Zhukov, 7 Feb. 1946.

[26] Jürgen Konert, *Theodor Brugsch: Internist und Politiker* (Leipzig, 1988), 126.

[27] Brugsch, *Arzt seit fünft Jahrzehnten*, esp. 318–27.

[28] TNA, FO 371/46958, Political Intelligence Department German Personalities Report No. 88, 13 Nov. 1945. Also see biography in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*, vol. ii.

[29] LAB, B Rep. 031/01/02-3468, report of the Magistrat's medical denazification commission, 15 Aug. 1949. Schopohl denied having joined the NSDAP, and put the fact that his name was listed in the membership files (and all the subscription had been paid) down to a prank played by university friends, and later another prank by colleagues.

formulate abortion policy.[30] Another example is Kurt Ballowitz, also born in 1907, who was a consultant in internal medicine and an infectious disease specialist. In addition to his work as district medical officer for Berlin-Mitte, he headed the Magistrat's sub-department on municipal sanitation and hygiene. In December 1945 he was appointed to the First Medical Clinic of the Charité.[31]

These 'grand old men' and their junior colleagues were also joined by some experienced medical officers. Franz Redeker, born in 1891, was recruited as a second deputy to Sauerbruch in early July 1945. He had studied medicine at some of the most prestigious German medical faculties. Following military service in the First World War, he worked at a nerve clinic in Bremen and later as a leading medical officer at the Thyssen works. After he passed the Prussian examination for district medical officers in 1922, he worked at a social hygiene academy in Düsseldorf, from 1926 as a medical officer in Mansfeld (West Prussia), and from 1930 as a senior civil servant and the head of a medical department in Osnabrück. From February 1933 until April 1945 he ran the medical department of the Berlin Police and a committee on forensic medicine. He also lectured at a state medical academy.[32] In contrast to many members of the Central Health Administration (see the second half of the chapter), Redeker belonged to the generation of social hygienists who had displayed much closer affinity towards biological models of society, and throughout his career had taken an active role in securing the status and rights of the medical profession.[33]

Another experienced health officer was Bruno Harms. He joined the Magistrat as Sauerbruch's successor in July 1946, after spending a year at the Central Health Administration of the Soviet zone. Born in 1890, he had studied natural sciences and medicine in Berlin. After military service in the First World War, he ran a social hygiene department at the Berlin health office. Later, he worked as a medical officer and chief of the district health office of Berlin-Tiergarten, until he was dismissed in 1933 because of his membership of the German Democratic Party (DDP). After 1933, he set up a private practice and worked at a hospital in Berlin-Moabit. From November 1941 until January 1945 he served in the Wehrmacht.[34]

---

[30] LAB, B Rep. 031/01/02-3468, Prof. Dr Friedrich Schopohl, 'Politischer Lebenslauf', 22 Feb. 1949. Also see LAB, B Rep. 012/902-5, 'Besprechung der Amtsärzte am Donnerstag, den 25 April 1946', where Redeker asked him to join a committee to formulate future policy on para. 218 (on abortion).

[31] *Deutscher Biographischer Index*, fiche II 62/341–2. He took part at meetings of the Berlin-Mitte health officers, see e.g. LAB, C Rep. 131/02-02, 'Protokoll über die Bezirksamtsbesprechung am 14. September 1945' and following meetings. He also took part in the Magistrat-run meetings of Berlin medical officers, see B Rep. 012/902-5, 'Bericht über die Dienstbesprechung der Amtsärzte am Donnerstag, den 23. August 1945' and following meetings.

[32] *Deutscher Biographischer Index*, fiche II 1049/57. Biography also in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*. Franz Redeker, 'Magister in physica: Wo kommen wir her? Wo stehen wir? Wohin geht der Weg? Vortrag, gehalten auf dem Tag der Ärzte des öffentlichen Gesundheitsdienstes am 9. Juni 1949 in Bonn', *Der öffentliche Gesundheitsdienst*, 11/5–6 (Stuttgart, 1950).

[33] Moser, *'Im Interesse der Volksgesundheit …'*, 122.

[34] *Deutscher Biographischer Index*, fiche II 524, 296–7, 420–1. Biography also in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*. See also BAB, DQ1/1614, Maxim Zetkin, 'Charakteristik der Präsidenten und Abteilungsleiter', 2 Apr. 1946, 6.

He knew Sauerbruch from his time as district medical officer and got to know him well at the Charité in the early 1930s—so he explained as one of the main supporting witnesses at Sauerbruch's denazification tribunal.[35]

Georg Wundram was an older, experienced health officer. He was born in 1880 and had trained in veterinary medicine at the veterinary academy in Berlin. Since 1924 he had occupied leading positions in the state meat inspection service.[36] His career, like that of Redeker and the other Charité men mentioned earlier, had flourished in the 1930s. From 1945 he worked at the Magistrat, and later also the Central Health Administration.[37] The last person to be considered here is Karl-Wilhelm Clauberg. Born in 1893, he was professor of hygiene and bacteriology at the University of Berlin from 1935, and a long-serving director of the bacteriology and serology departments at a number of hospitals, lastly in Berlin-Schlachtensee.[38] In 1945 Sauerbruch's department appointed him to set up bacteriological laboratories and testing centres in each city district and to coordinate their work.[39]

There was therefore an important overlap between the Magistrat's health work and the elite of the Charité. Initially, meetings were even physically held in the surgical clinic of the Charité, until in mid-July 1945 the Health Department received its own offices.[40] Sauerbruch's appointment facilitated the recruitment of doctors whose prior contact with health administrative functions had been limited. A striking feature of this set was their continuous and stable careers, which remained untouched by war and political upheaval, and in most cases continued to thrive after 1945. Soviet priorities in these appointments did not lie in a strict denazification or weeding-out of 'politically suspect' individuals. Well into the 1980s the Charité was known as a haven for former Nazis.[41] The communist

---

[35] LAB, E Rep. 200–48, Witness statement for the denazification commission of Zehlendorf, 18 Apr. 1946.

[36] Zetkin, 'Charakteristik', 16.

[37] LAB, C Rep. 118–40, Sauerbruch's report on the organization of the Berlin city health department, 8 Aug. 1945. LAB, B Rep. 012/902-5, 'Bericht über die von der Abteilung für Gesundheitsdienst veranstaltete Dienstversammlung der leitenden Ärzte und der Amtsärzte der Berliner Gesundheitsämter', 27 May 1945.

[38] *Deutscher Biographischer Index*, fiche II.

[39] LAB, C Rep. 118–40, report and instructions from Maron and Sauerbruch to the district health offices, 27 June 1945.

[40] LAB, B Rep. 012/902-5, the meeting on 12 July 1945 was the first to be held in the new Hauptgesundheitsamt.

[41] On the Charité's collaboration with the National Socialist regime, see esp. Sabine Schleiermacher and Udo Schagen (eds.), *Die Charité im Dritten Reich: Zur Dienstbarkeit medizinischer Wissenschaft im Nationalsozialismus* (Paderborn, 2008). On its post-war history, see Anna-Sabine Ernst, *'Die beste Prophylaxe ist der Sozialismus': Ärzte und medizinische Hochschullehrer in der SBZ/DDR, 1945–1961* (Berlin, 1997); and documents in Heinz David, *'… es soll das Haus die Charité heißen': Kontinuitäten, Brüche und Abbrüche sowie Neuanfänge in der 300 jährigen Geschichte der Medizinischen Fakultät (Charité) der Berliner Universität*, i (Berlin, 2004). On the post-war careers of leading members, see Udo Schagen, 'Das Selbstbild Berliner Hochschulmediziner in der SBZ und ihre Verantwortung für die Universität im Nationalsozialismus', in Siegried Oehler-Klein and Volker Roelcke (eds.), *Vergangenheitspolitik in der universitären Medizin nach 1945: Institutionelle und individuelle Strategien im Umgang mit dem National-sozialismus* (Stuttgart, 2007), 121–44. Andreas Malycha, 'Institutionelle und individuelle Strategien im Umgang mit der Nationalsozialistischen Vergangenheit in der Medizinischen Fakultät der Berliner Universität in den Jahren von 1945 bis 1949', in Oehler-Klein and Roelcke (eds.), *Vergangenheitspolitik*, 147–68.

---

surgeon Moritz Mebel remembered that it was popularly referred to as a 'fascist protective wall' (a pun on the 'antifascist protective wall', the official GDR description of the Berlin Wall). Another popular GDR saying was that the power of the workers and peasants ended at the gates of the Charité.[42]

Like their Charité colleagues, continuity also characterized the careers of most medical officers now at the Magistrat. When meetings of district medical officers resumed, leading officials such as Franz Redeker and Georg Wundram had been working in similar positions for decades, just like the majority of medical officers in their charge. There were a handful of individuals with a different history, such as the socialist and resistance-group organizer Max Klesse, and the Jewish mental health specialist Gustav Emanuel, both of whom had been sacked in 1933.[43] But the majority's careers had remained steady and consistent throughout the rise and collapse of the Third Reich. A significant portion of these medical officers were personally acquainted with the Charité grandees and with each other. Many of those present at the meetings of medical officers after 1945 had for years been meeting the same people, often in the same rooms.[44]

(ii) 'The apolitical physician'

Questions of victimization and guilt were debated throughout Germany in a number of widely publicized exchanges and dialogues, especially once claims that Germans had been the major victims of the Nazis began to grow in volume. In spring and summer 1945, a series of open letters to Thomas Mann, still in exile in the United States (where he had become an advocate of a 'hard peace'), appealed for him to return and experience the extent of German suffering.[45] Germany had practically been one big concentration camp, wrote the writer Walter von Molo.[46] A few days later, the novelist Frank Thieß published an open letter on the anguish of the 'internal emigrants' (*innere Emigranten*) in Germany: those who had spent the years of Nazi rule in spiritual and intellectual isolation, but had not left the country. He was concerned that neither the occupiers nor the émigrés distinguished between the many silent sufferers and the few active Nazis. Not everyone was able

---

[42] Moritz Mebel (born 1923) in an interview with the author on 22 June 2003. Also see Hans-Dieter Schütt, *Rot und Weiß: Gespräche mit Moritz Mebel* (Berlin, 1999).

[43] Max Klesse (born 1896) was district medical officer for Reinickendorf. Gustav Emanuel (born 1879) was district medical officer for Schöneberg, see *Deutsche Biographische Enzyklopädie*, iii.

[44] e.g. Prof. Clauberg, Dr Schöder, Obermedizinalrat Dr Bullerdiek, Obermedizinalrat Dr Spranger, and Oberstadtinspektor Preis were among those present at a meeting of Berlin medical officers in Aug. 1943, and reappeared at the post-war meetings organized by the new Magistrat. See LAB, B Rep. 012/902-5, meeting of medical officers and their deputies on 17 Aug. 1943, and compare with later attendance lists. On the continuity of medical careers, see also Boris Böhm and Norbert Haase (eds.), *Täterschaft—Strafverfolgung—Schuldentlastung: Ärztebiographien zwischen nationalsozialistischer Gewaltherrschaft und deutscher Nachkriegsgeschichte* (Leipzig, 2008). Oehler-Klein and Roelcke (eds.), *Vergangenheitspolitik*.

[45] Thomas Mann, *Deutsche Hörer: 55 Radiosendungen nach Deutschland* (Stockholm, 1945). Thomas Mann, *War and the Future: An Address* (Washington, 1943).

[46] Open letter from Walter von Molo to Thomas Mann, 13 Aug. 1945, in J. F. Grosser (ed.), *Die große Kontroverse: ein Briefwechsel um Deutschland* (Hamburg, 1963), 18–21.

---

to watch the German tragedy unfold 'from the comfortable seats of foreign countries', he wrote.[47] Many others joined this chorus, arguing that the question of guilt for Nazi crimes was a moral issue to be resolved by each person individually, and not one for outsiders to interfere in.[48]

Doctors had more specific concerns about their future careers. The extensive collaboration of the medical profession with the political institutions of the Third Reich has been documented and assessed in recent scholarship.[49] Nearly half of all physicians joined the NSDAP.[50] The medical profession faced a huge moral accusation as investigations into Nazi medicine began to gather momentum. By willingly serving the Nazi state, backing initiatives to cleanse German society, and embracing racial science, observers noted, German doctors had disgraced themselves and betrayed their professional ethics. The American-organized Doctors' Trial at Nuremberg, which began in December 1946, opened proceedings against twenty-three leading German physicians who had helped to formulate and execute the euthanasia programme, or had conducted experiments on human beings without consent. The trial publicized many gruesome details of medical research under Nazi rule.[51] Even before this trial, local denazification tribunals in all four occupation zones were busily assessing individual careers and responsibilities.

In this context, doctors and medical officers across Germany tried to defend both their own and their profession's credibility and legitimacy. At the denazification tribunals, in newspapers, periodicals, and other publications, the same two arguments resurfaced: first, that 'real' medicine was outside the reach of politics and untouched by it; and second, that the German national heritage in science and medicine was as relevant and important in 1945 as it had been decades before. This two-pronged argument enabled those who had maintained successful careers to claim that the fact of continuity was evidence of their disconnectedness from politics and the permanence of their moral standards, and that they represented

---

[47] See 'Die Innere Emigration', open letter from Frank Thieß to Thomas Mann, 19 Aug. 1945, in Grosser (ed.), *Die große Kontroverse*, 24.

[48] Gottfried Stein, *Thomas Mann und wir: Zwei Briefe zur deutschen Situation* (Essen, 1946). Contrast with Gottfried Bermann-Fischer (ed.), *Die neue Rundschau: Sonderausgabe zu Thomas Manns 70. Geburtstag* (6 June 1945).

[49] Michael Kater, *Doctors under Hitler* (Chapel Hill, NC, 1989). Götz Aly, Peter Chroust, and Christian Pross (eds.), *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene* (Baltimore, 1994). Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass., 1988). Charles Roland (ed.), *Medicine Without Compassion* (Hamburg 1992). Christian Pross, 'Breaking through the Postwar Cover-up of Nazi Doctors in Germany', *Journal of Medical Ethics*, 17 (Dec. 1991). Ernst Klee, *Deutsche Medizin im Dritten Reich: Karrieren vor und nach 1945* (Frankfurt, 2001).

[50] See Kater, *Doctors under Hitler*.

[51] Alexaner Mitscherlich and Fred Mielke (eds.), *Medizin ohne Menschlichkeit: Dokumente des Nürnberger Ärzteprozesses* (1949; Frankfurt am Main, 1960), English trans. by Heinz Norden, *Doctors of Infamy: The Story of the Nazi Medical Crimes* (New York, 1949). Paul Weindling, 'Ärzte als Richter: Internationale Reaktionen auf die medizinischen Verbrechen während des Nürnberger Ärzteprozesses im Jahre 1946–1947', in C. Wiesemann and A. Frewer (eds.), *Medizin und Ethik im Zeichen von Auschwitz* (Erlangen, 1996). Paul Weindling, 'Human Guinea Pigs and the Ethics of Experimentation: The BMJ's Correspondent at the Nuremberg Medical Trial', *British Medical Journal*, 313 (7 Dec. 1996), 1467–70. Paul Weindling, 'The Origins of Informed Consent: The International Scientific Commission of Medical War Crimes and the Nuremberg Code', *Bulletin of the History of Medicine*, 75/1 (Spring 2001), 37–71. Ulf Schmidt, *Justice at Nuremberg: Leo Alexander and the Nazi Doctors' Trial* (Palgrave, 2004).

---

something bigger: the good of old, long-established German medical traditions, which long pre-dated the Nazi era.

Sauerbruch's own public defence is a good illustration. After an American initiative Sauerbruch was dismissed from his office in the Magistrat on 12 October 1945 to face a denazification tribunal. He had never formally joined the NSDAP or its affiliated organizations, but the Americans were suspicious of his financial prosperity and the award (and his acceptance) of the title of privy councillor (*Geheimrat*) by Göring in 1934. But even though Sauerbruch was temporarily removed from his administrative post, he was allowed to carry on as chief consultant at the Charité and in other medical capacities. In January 1948, he was elected as head of the University of Berlin's Surgical Society.[52]

It was thus not so much Sauerbruch's immediate livelihood that was at stake at the tribunal's hearings as his general credibility and legitimacy. His defence focused on the argument that his non-involvement in political life was a necessary, and inescapable, fact of his vocation. While he had obviously always been opposed to the Nazi regime, he argued, it was of more significance that he had remained true to his medical calling, and this precluded any political bias or action. The fact that his career had survived all economic, social, and political upheavals was evidence enough, he insisted: he had continued to adhere to his medical mission during the First World War and the 1918 revolution, during the Hitler regime and the Second World War. While the Nazis may have tried to befriend him, he had rejected them as he would any political cause. He had carried out his medical duty for the dying Hindenburg, and in return for this service (for which he had refused payment) he had received the apolitical and honorary title of privy councillor, as a sign of Göring's gratitude. He had spoken to Hitler, Goebbels, and other leading Nazis, but only as a doctor and therefore 'strictly professionally'.[53] After several hearings the Magistrat denazification commission for doctors eventually accepted this defence and, in July 1949, cleared him of any charges of wrongdoing. The commission concluded that as a leading doctor the Nazis had naturally tried to recruit Sauerbruch, but he had never become involved; he had always 'held back'.[54]

The reality of Sauerbruch's involvement was rather more murky. While Sauerbruch had indeed never joined the NSDAP, he had repeatedly demonstrated his support. He had made a number of speeches in support of the Nazi assumption of power in 1933 and later in favour of Nazi policy.[55] From 1937 he

---

[52] D. Tutzke, 'Zur Wirksamkeit Ferdinand Sauerbruchs (1875–1951) in der Periode der antifaschistisch-demokratischen Umwälzung', *Zeitschrift fur die Gesamte Hygiene und Ihre Grenzgebiete*, 31/5 (1985), 318–20.

[53] e.g. LAB, E Rep. 200–48, typed statement by Sauerbruch, 1 Nov. 1945, as well as other statements and letters in this file.

[54] LAB, B Rep. 031/01/02-5, Berufsregistrierformular, signed by Dr Borm, 26 July 1949. Also see LAB, B Rep. 031/01/02-5, 'Protokoll der Hauptverhandlung vom 26 Juli 1949 in Sachen Geheimrat Prof. Dr Ferdinand Sauerbruch'.

[55] See Marc Dewey et al., 'Ernst Ferdinand Sauerbruch and His Ambiguous Role in the Period of National Socialism', *Annals of Surgery*, 244/2 (Aug. 2006), 315–21. Wolfgang U. Eckart, 'Ernst Ferdinand Sauerbruch (1875–1951) und die Charité-Chirurgie 1933–1945', in Schleiermacher and Schagen (eds.), *Die Charité*, 189–206.

---

had been a member of the Reich Research Council (Reichsforschungsrat), and as head of its medical section approved research projects involving experiments on concentration camp inmates and in asylums. In 1942, as surgeon-general of the Wehrmacht, Sauerbruch supported experiments with mustard gas on inmates of the concentration camp Natzweiler. As a member of the scientific senate of the Military Medical Academy, he took part in discussions about experiments on prisoners.[56] With the evidence now available it seems undeniable that Sauerbruch endorsed many of the objectives of the Nazi regime, and that he was rewarded for his loyalty. Not only was he made privy councillor, he was also decorated with the National Prize at the NSDAP Party Congress in Nuremberg in 1937. In 1942 he was presented with the Knight's Cross (*Ritterkreuz zum Kriegsverdienstkreuz*) by Karl Brandt, Hitler's personal physician and a lieutenant general of the Waffen-SS, who was later convicted of war crimes at the Nuremberg medical trials.[57] He was one of the richest doctors in Germany—during the Nazi years his annual income ranged between 200,000 and 300,000 Reichsmark[58]—and 'dwelled in mansions, kept expensive horses, and sometimes showered his favourite assistants with miraculous presents such as automobiles'.[59] He also wrote petitions for some of his former students and colleagues standing trial in Nuremberg.[60]

Sauerbruch's case shows that the denazification commissions' criteria on Nazi activity (with their focus on the question of party membership) often proved incapable of identifying and punishing those who had been involved. The case of Sauerbruch's deputy, Franz Redeker, was very similar. Although the Americans dismissed him from his Magistrat office in 1946 because of his suspected Nazi past, Redeker was soon cleared and appointed by the British to advise the Hamburg health office. Later he worked in the health department of the Interior Ministry of the Federal Republic, received an honorary professorship at the University of Bonn, before in 1953 becoming president of the Ministry of Health (Bundesgesundheitsamt). Redeker was an influential force in the development of the West German health service in the 1950s and 1960s. Like Sauerbruch and many of their colleagues, he was never forced to engage critically with the medical profession's collaboration with Nazi programmes, or explain his own involvement.[61] Part of the problem was that the occupiers were uncertain about how the criminality of medicine in the Third Reich was to be defined and by which criteria

---

[56] See n. 55. Alexander Mitscherlich and Fred Mielke, *Das Diktat der Menschenverachtung* (Heidelberg, 1947), 83–4.

[57] Ulrich-Dieter Oppitz, *Medizinverbrechen vor Gericht: Das Urteil im Nürnberger Ärzteprozess gegen Karl Brandt und andere sowie aus dem Pross gegen Generalfeldmarschall Milch* (Erlangen, 1999). Ulf Schmidt, *Karl Brandt, the Nazi Doctor: Medicine and Power in the Third Reich* (London, 2007).

[58] Dewey et al., 'Sauerbruch'.

[59] Michael Kater, *Doctors Under Hitler*, 34. Sauerbruch, *Das war mein Leben* (Munich, 1951), 291, 372, 385. Rudolf Nissen, *Helle Blätter—dunkle Blätter: Erinnerungen eines Chirurgen* (Stuttgart, 1969), 120.

[60] Paul Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (Houndmills, 2004), 304.

[61] Entry for Franz Redeker in Udo Schagen and Sabine Schleiermacher (eds.), *CD Rom: 100 Jahre Sozialhygiene, Sozialmedizin und Public Health in Deutschland* (Berlin, 2005).

it could be judged, as a result of which men like Sauerbruch escaped without reprimand.[62] Disagreements between the Allies on how to proceed and whom to punish further undermined denazification.

Sauerbruch's dismissal and tribunal rallied together many of his colleagues. The Berlin mayor hoped that he would at the very least still carry on with his medical practice.[63] Medical colleagues, among them those whom he had just helped to appoint, complained that doctors like them were being misunderstood and maltreated. The chief internist at the Gertrauden-Hospital wrote to Sauerbruch about his 'unjust persecution':

> you have saved the true medical profession from the dangers of the past and transmitted it safely into our times. You have 'lived' the tradition of true humanity and proved it possible to students and doctors alike. If you are therefore being persecuted today—that is bitter indeed. One forgets that you have reached the highest standards in your profession to the benefit not only of Germany but of the whole world, and you have done this at a time when politicians only seemed keen on destruction. What would people have said if you had, like others, gone into exile: that would have been desertion from our great country which was filled with suffering. By remaining here you have helped us all, you have helped us believe in a better future during the terrible, hate-filled Nazi time.[64]

Bruno Harms (a former colleague of Sauerbruch's at the Charité), and Käthe Hussels (medical officer for Berlin-Zehlendorf and Sauerbruch's former student and Charité colleague) were among those who defended him at his hearings along these lines.[65] This assessment of Sauerbruch has also survived in much more recent accounts. Jürgen Thorwald's biography takes Sauerbruch at his word, when he observes that 'the question [of political activism] was not one which could be asked of Sauerbruch. His egocentricity, personal pride and sense of medical mission were coupled with utter naivety in political matters. He simply found it hard to understand how he could ever have figured in politics, ever exerted political influence.'[66]

Later chapters examine the successes and failures of the denazification programmes in much more detail. What matters here is that Sauerbruch's repeated protests against the charges of political activism and proximity to the Nazi regime mirrored those put forward by doctors at denazification tribunals across the country. Their defences were not novel: most had insisted for decades that the medical profession demanded a special and autonomous status. Nor was the 'apolitical' nature of doctors only asserted in post-war Germany. Nonetheless, these

---

[62] Weindling, *Nazi Medicine*, 35. Böhm and Haase (eds.), *Täterschaft—Strafverfolgung—Schuldentlastung*.
[63] LAB, C Rep. 118–90, letter from Oberbürgermeister to Geheimrat Prof. Dr Sauerbruch, 25 Oct. 1945.
[64] LAB, B Rep. 031/01/02-5, Prof. Dr Lauter to Sauerbruch, 24 Oct. 1945.
[65] LAB, E Rep. 200–48, witness statements by Käthe Hussels and Bruno Harms, both dated 18 Apr. 1946.
[66] Thorwald, *Dismissal*, 76. For a similar assessment see Wolfgang Genschorek, *Ferdinand Sauerbruch: Ein Leben für die Chirurgie* (Leipzig, 1978). Contrast with Kudlien and Andree, 'Sauerbruch'.

---

proclamations deserve scrutiny for two reasons. First, the fact that a portion of the German medical profession interpreted their work very differently, discussed in the section on the Central Health Administration, resulted in clashes and disagreements *within* the ranks of doctors and medical officers. Second, much more was at stake for doctors than had been the case before or elsewhere. Asserting the apolitical nature of their profession became a crucial means of saving individual reputations and careers. The people presented here reacted by mobilizing an often long-held position, designed to rally the medical profession for a joint defence which could limit and contain the damage of the Nazi period. Sauerbruch himself had long argued for the apolitical nature of medicine, despite conspicuous contrary evidence. In September 1934 he published an open letter to the German medical profession, defending a view of medicine as fundamentally independent, governed only by medical ethics, and resulting in a godlike perspective and non-involvement in anything as base as politics.[67] But in his post-war job at the Magistrat, this argument was now specifically directed towards the protection of himself and his colleagues from accusations and blame.

Sauerbruch's position contributed to the power of his department and the formulation of fundamental tenets. In early summer 1945 he argued successfully that medical officers and leading hospital positions must be appointed upon the sole recommendation of his department, and only ratified later by the mayor, because no one else had the required specialist knowledge. 'Wrong appointments of medical officers can lead to a significant disruption of the general and absolutely unified leadership of the health office', he insisted.[68] This specialist medical knowledge, according to Sauerbruch, included an appreciation of its fundamentally apolitical, ethical, and scientific orientation. Nazi party membership, he insisted, had for many been a means to guarantee the continuation of their medical work; it was not a signifier of political activism, especially not for doctors and medical officers, who by their nature were so averse to politics. When in 1945 officials from one Berlin district proposed not just to remove leading Nazi doctors from their positions but also to sack the Red Cross nurses who had joined the party, Sauerbruch's protest managed to prevent this. This procedure would be unsatisfactory for the maintenance of the population's health, he argued, and 'besides, it was not humanly loyal to come to such conclusions on the more or less forced and rash act of joining the party, particularly by those still young',[69] Similarly, when Robert Rössle argued

---

[67] Originally in *Klinische Wochenschrift*, 12 (1933), 1551, citation here from reprint in *Internationales Ärztliches Bulletin*, 1 (Jan. 1934), 3–4. He went on to contradict this argument in the rest of the letter (which he had apparently been asked to write by the German government), where he defended the Nazi takeover of power and the government's disregarding of the Versille Treaty, asked German doctors to support the new government, and argued that doctors in particular must not get involved in the apportioning of blame and guilt. See Kudlien and Andree, 'Sauerbruch', 212. Proctor, *Racial Hygiene*, 263 ff.

[68] Minutes of the sixth Magistrat meeting on 11 June 1945, in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats* i. 126. Also see LAB, B Rep. 012/902-5, minutes of meeting on 23 May 1945.

[69] LAB, B Rep. 012/902-5, 'Bericht über die von der Abteilung für Gesundheitsdienst veranstaltete Dienstversammlung der leitenden Ärzte und der Amtsärzte der Berliner Gesundheitsämter am Donnerstag, den 31.5.1945', 14 June 1945.

that the practice of sacking all former NSDAP members from the medical faculty of the University of Berlin had to be prevented, Sauerbruch agreed. Among doctors a distinction needed to be drawn, he argued, between the handful of Nazis who had committed crimes and the majority of 'harmless party members'.[70]

Sauerbruch was an influential promoter of the 'apolitical doctor' who simply followed his calling, and deserved neither punishment nor regulation. Soon, similar declarations could be heard everywhere. Once licences were granted and medical journals resumed publication after years of inactivity, they became an important forum. In editorials, birthday greetings, obituaries, and biographical notes on past German medical heroes, authors combined the portrayal of a depoliticized medicine with an insistence on its autonomy. As J. Kottmaier wrote in the July 1947 issue of the *Medizinische Rundschau*: 'There is no other practical science which is less political than that of medicine'. He went on:

> Nothing proves more clearly our loyalty to the apolitical ideal of medical care than our unfailing devotion to the Sisyphus work of caring for the wounded and sick during war, which lies completely above party politics. The doctor always only wished to serve. He held his profession sacred and uncontaminated from political dealings—so much so, that all the world's politicians used and abused him and his selfless services as a matter of fact. And eventually we had to witness that type of politicised doctor who applied his knowledge and services to the planned destruction of human life. We were used politically, without being asked, and in this way some of us were seduced into political crimes.

To guard against interference from this 'political type', doctors had to close ranks and fight for their profession's independence and autonomy.[71]

A later issue of the same journal reprinted the resolution of the West German professional Council of Doctors on the Nuremberg medical trials. It said the trials had illustrated what happened when institutions and bureaucracies were allowed to impinge on and interfere with medicine. In an explicit reference to the occupation, the resolution stated that the dangers were not over: 'Yesterday it was the National Socialist party and the Wehrmacht who intervened in, corrupted or destroyed the freedom of medical work, and tomorrow it can be foreign powers and socialist bureaucracy.' The solution would be to guarantee the medical profession absolute sovereignty and freedom from political interference:

> The basic demand remains—that in the work of providing active help for our fellow human beings, the self-reliance and self-responsibility of the doctor must remain untouched and that society has to do everything possible to guarantee the doctor's sovereignty. No doctor should ever be given orders, instructions or commands, and he should only follow the demands of his science and his professional ethics.[72]

---

[70] Letter from Sauerbruch to v. Eicken, 21 Sept. 1945, in Kudlien and Andree, 'Sauerbruch', 220.

[71] J. Kottmaier, 'Die Friedenssendung des Arztes', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/7 (July 1947), 227–8.

[72] 'Aus der Entschließung der Westdeutschen Ärztekammern zum Nürnberger Ärzteprozess', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/12 (Dec. 1947), 543.

Although more careful and cautious, Alexander Mitscherlich and Fred Mielke came to similar conclusions about the importance of medical autonomy in their report on the Nuremberg medical trials. Mitscherlich was appointed to head the German Medical Commission to the American Military Tribunal No. 1 in Nuremberg, and with Mielke he published a report, later expanded to accompany a documentary collection on what they had heard. They noted that

> [p]hysicians treating patients under a national health insurance are obliged to communicate their diagnosis to the government officials there employed. Thus the original relationship of trust between the doctor and patient is being more and more overshadowed by non-medical considerations. And even today, with the brutal, government-inspired system of extirpation and eugenics ended, the physician must keep on fighting for that freedom of his profession to which the fulfilment of his fundamental duties is forever joined. For it seems to be of small moment for the future whether the imposed code of contempt for the dignity of man issues from bureaucratic indifference or ideological aggression.[73]

Most of these commentaries focused on general medical practice and the independence of private physicians and medical researchers. But repeated references to bureaucratic influence, and Mitscherlich's concerns about insurance doctors, show that autonomy was also seen as crucial to medical officers and state-employed doctors. Given their proximity to the state, they were, in fact, identified as needing special protection from political interference.

In some features, Mitscherlich's argument differed from that of other commentators. He pointed to the dangers of a mechanistic view of disease and medical care, and argued that one of the central problems underlying Nazi medical abuses was that doctors had adopted overtly utilitarian aims. An ethically (rather than scientifically) driven method had to rescue medical practice and restore the doctor–patient relationship. It was not just a handful of doctors standing trial at Nuremberg, he insisted, but the 'dubious ethics of unbridled medical experimentation' much more generally.[74] Despite such differences, Mitscherlich and other German observers agreed on one thing: the betrayal of the physicians' ethic had been caused by the intrusion of the state into the medical profession, and it was essential that its freedom was guarded and protected from further interference. The diagnosis that an overpowering and manipulative state bureaucracy was at the heart of Nazi medical abuses was often shared by American and British observers, keen to highlight the similarities between what they saw as the totalitarian states of Nazi Germany and the Soviet Union. In fact, Kottmaier's abhorrence of the 'political type' and his reference to 'socialist bureaucracy' both point to another element in this analysis—that Nazi doctors and health officers were in essence of the same type as communist

---

[73] Mitscherlich and Mielke (eds.), *Doctors of Infamy*, 163–4. Also see later fuller edition Mitscherlich and Mielke translated from German by James Cleugh (formerly attached to the Office of the Chief Counsel for War Crimes, Nuremberg), *The Death Doctors* (London, 1962).

[74] But as Weindling observes, Mitscherlich was an outsider in the German medical establishment not just politically, but also professionally, e.g. in his commitment to psychosomatic medicine. Weindling, *Nazi Medicine and the Nuremberg Trials*, 269.

or socialist doctors and medical officers: both apparently subordinated medical work to their political agendas, threatened and harmed the medical profession's unity and independence, and both had to be prevented from exerting any future influence.

Apart from advocating a 'return' to a depoliticized, rescientized, and independent medicine, a second rallying point in these proclamations concerned the German national medical heritage. Commentators suggested, at times explicitly, that intruding foreign powers threatened a noble German heritage, especially when they attempted to make judgements about Germans' past crimes and misdemeanours. The people presented here regularly reminded both their German and Allied colleagues of the importance of their training, their past work experience, and their way of doing things. Many complained about foreign interference, particularly that by Soviet officers. In November 1946, Robert Rössle wrote in irritation: 'There are constant Russian visitors with questions and suggestions. As though we are academic novices! Again, we are being put "into line", "Attention! Eyes Eastwards!" '[75] Leading German officials protested about Soviet complaints that they lacked initiative in the fight against epidemics. To them, the expertise and resourcefulness of German doctors and officials were beyond reproach. 'The problem was not that doctors were lacking knowledge or understanding,' they insisted, 'but that organisational issues had not been solved (for example, the refusal to grant petrol, the stealing of our cars and bicycles, and so on). And incidentally, the local Russian commanders were only rarely sticking to the orders they had received from the Soviet administration.'[76]

Others were more optimistic about being able to reassert the German heritage. Franz Redeker observed that the Soviet authorities had more or less given them a free hand in the reorganization of the health service. At a meeting of the Berlin district medical officers in July 1945, he reminded those present that in matters of public health organization and health insurance the German experience was unique and should be replicated and redeveloped. He 'explained that the idea of a health insurance is alien to the Russian state and is not known there. The care for the sick and their provision with medicine and treatment in hospitals are the responsibility of the state. On the other side we have the way the Americans handle it: "Everyone on his own". Germany has previously stood in between. The Red Army has now let us decide how to solve the problem. Hence we can once more revive the idea of a health insurance.'[77]

These arguments on the importance of an autonomous medical profession were different in tone from those on the freedom of science and medicine from state control advanced elsewhere. In Britain and the United States, *internationalism* was

---

[75] Letter from Robert Rössle to Herwig Hamperl, 17 Nov. 1946, in Hamperl and Doerr, *Rössle*, 6.

[76] BAB, DQ1/1338, 'Besprechungsniederschrift über die Sitzung der Leiter aller Provinzial- u. Landesgesundheitsämter der sowjetischen Okkupationszone in der Zentralverwaltung für das Gesundheitswesen am 2. Oktober 1945', 11. The name of this speaker was not identified in the minutes, but it was probably Sauerbruch, who was identified as a speaker earlier on the same page.

[77] LAB, B Rep. 012/902-5, 'Versammlung der Amtsärzte am 12. Juli im Hauptgesundheitsamt'.

asserted as a key ingredient of scientific freedom.[78] Henry Dale, president of the Royal Society, addressed an anniversary meeting in November 1945 in just these terms. The Royal Society had as its primary duty, Dale argued, to ensure that science was conducted within 'the framework of international collaboration which had been constructed between the wars'. He continued, '[i]f we are to achieve anything really to meet that need [of science today], we must somehow get rid of barriers which hinder the scientists of different countries from meeting simply as scientists, for the frank and informal interchange and friendly criticism of each others' observations and ideas, in complete freedom from any national inhibitions or restrictions.'[79]

At the same time as Dale was lecturing on the virtues of scientific internationalism, in Germany this internationalist rhetoric still lay in its infancy. Here, nationalism coloured much of the discussion. Those who argued for an apolitical, 'free', and scientific medicine often also claimed past German manifestations, accomplishments, and developments as this ideal's best realization. The resulting contradiction between a resentment of state control and a celebration of German state institutions remained unresolved, even unidentified. In the discussions in the German medical journals, the statement that some form of international cooperation was necessary, was invariably followed by an insistence that past German findings and traditions were of special value and deserved special protection. Even in the current 'dark times', as a January 1947 editorial put it, two centuries of German culture and traditions testified to the special qualities of German knowledge and scholarship, and were 'rays of light' for the present. It went on:

> Just as the German people have to build new homes and houses out of the rubble and ruins of their old buildings by making use of the old stones that have survived the fires, we as free German doctors also want to gather the old, tried and tested stones of our science, so that they can be cleansed, and together with new materials combined in a harmonious international construction of the most noble, honourable and compassionate humanity which knows no national bounds.[80]

Although neither science nor its humane orientation knew national boundaries, specifically *German* building blocks were to be provided for its reconstruction. In similar language, the biochemist Emil Abderhalden argued a few months later that Germany had to be recognized as an important member of the new international community and deserved equal rights, particularly because of its many past contributions in medicine and science. 'The German doctor', Abderhalden wrote, 'looks with pride at the valuable contributions of German researchers. They remain unforgettable.

[78] For the British 'freedom lobby', see e.g. J. R. Baker, *Science and the Planned State* (New York, 1945). J. R. Baker and A. G. Tansley, 'The Course of the Controversy on Freedom in Science', *Nature*, 158 (Oct. 1946), 574–6. Michael Polanyi, *The Contempt of Freedom* (London, 1940). Also see Jessica Reinisch, 'The Society for Freedom in Science, 1940–1965', MSc Diss., Imperial College London, Sept. 2000.

[79] Henry Dale, 'Address of the President, Sir Henry Dale, O.M., G.B.E., at the Anniversary Meeting, 30 November 1945', repr. in *Proceedings of the Royal Society*, B, 133, (1946), 123–39, at 133–4.

[80] [The editors], 'Zum Geleit!', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/1 (Jan. 1947), 1–2.

The German people should and must be inspired by them and recover through them. They can be assured that these cultural and scientific contributions will have a favourable effect and will in the near future be generally accepted again.'[81]

This chorus by doctors and writers on the value and permanence of 'good' German medical traditions served specific purposes in the present: to absolve the profession from the accusation of collaboration with the Nazis and any crude political involvement. The mental gymnastics they performed were in some ways very successful, as we will see in later chapters. By blaming troubles on the intrusion of politics into medicine they removed themselves from the scene of the crime. By maintaining that Nazi medicine had subordinated medical and scientific demands to political ends, that it had made medicine a tool for politicians, they found supporting evidence for their argument on the profession's need for independence.[82] By decrying their left-wing medical colleagues as politically corruptible and equating their agendas with those of the Nazis, they cast themselves in a favourable light and, knowingly or not, found common ground with some of their occupiers. They were not, of course, 'non-political', but remarkably adept at protecting their status while adapting to new regimes and political agendas—skills they had already demonstrated in the 1930s. Their allusions to the golden fruits of old German traditions, intellectual strength, and cultural achievements signalled to the occupiers not to meddle, and not to impose new orders or new ways of doing things.

(iii) Rudolf Virchow (version 1)

Another expression of this self-awareness of past German achievements can be found in the many newly published, or reprinted and amended, biographies and biographical essays on famous doctors and scientists. They identified older and positive German traditions and called for their application in the present. In writing about their famous teachers or colleagues, doctors and medical scientists celebrated German idols as the founding fathers or forebears of current good medical practice, and presented themselves as evidence of this heritage's survival. These heroes now reminded them that, after all, not everything about German history was to be regretted. Although these figures often had significant international reputations, and in many cases had worked abroad for a long time and with foreign collaborators, in these accounts their *German* ancestry was seen as most crucial.

The famous pathologist Rudolf Virchow became a favourite icon of the post-war years. A wealth of articles and biographies celebrated his revolutionary scientific

---

[81] Emil Abderhalden, 'Ärzte an die Front', *Medizinische Rundschau: Monatsschrift mit ärzlicher Akademie*, 1/9 (Sept. 1947), 313–15. Michael Kaasch and Joachim Kassch, 'Die Auseinandersetzung des XX.Leopoldina-Präsidenten und des Schweizbürgers Emil Abderhalden um Eigentum und Entschädigung mit der sowjetischen und der amerikanischen Besatzungsmacht (1945–1949): Ein Beitrag zur Erforschung der letzten Lebensjahre von Emil Abderhalden', *Acta Historica Leopoldina*, 36 (2000), 329–84. Wolfram Kaiser and Werner Piechocki, 'Theodor Brugsch als Direktor und klinischer Lehrer an der Medizinischen Universitätsklinik Halle', *Zeitschrift für die gesamte innere Medizin und Ihre Grenzgebiete*, 25/22 (1970), 1028–34.

[82] [The editors], 'Besinnung und Konzentration', *Ärztliche Forschung: Zeitschrift über die Forschungsergebnisse der gesamten Medizin*, 1/1 (25 Feb. 1947), pp. i–ii.

---

findings, his healthy patriotism, his apolitical dedication to pure medicine, his humane medical practice, his civic-mindedness, his battle against outmoded German structures and institutions, his application of scientific principles to public health—in short, his status as a German role model.[83] By 1953, his image had been built: in a speech commemorating the fiftieth anniversary of Virchow's death, Curt Froboese, director of the pathological institute at Berlin-Spandau, declared that the medical profession must once again learn to follow the example of 'the great German and truly democratic man of science!'[84] Virchow was 'our greatest pathologist', Froboese proclaimed. He had contributed the ground-breaking conception of cellular pathology and was an authority in many other medical fields, but above all came Virchow's contributions to practical and 'pure' medicine.[85] Virchow's contemporaries from across the world had recognized his unique intellectual force, and many thought that he was at least as influential on medical practice as Hippocrates.

But more recently, Froboese went on, Virchow's name had been tarred by negative propaganda. Unfortunately '[t]oday and after the recent decades' upheavals…still not all doctors are defending the true and just position, which Virchow's impeccable character, his physically and intellectually fearless nature and his extensive use of self-criticism, deserves.'[86] The whole German medical profession must celebrate Virchow as their true scientific and ethical role model and father, Froboese insisted. The young generation of doctors, particularly, had to learn to appreciate his scientific importance, his personal integrity, and true patriotism. 'May the young ones be led to Virchow!', Froboese proclaimed, 'May others, who over the course of the years have distanced themselves from Virchow (deliberately or not) be led back to him! May we all resolve to leave this extraordinary man out of the play of wild passions and instead bestow on him the honour and justice he deserves as a seeker of truth!'[87]

In these accounts Virchow's participation in the revolution in 1848 in Berlin was presented, if at all, as a very marginal episode. Of the 307 pages of Helmut Unger's 1953 biography, roughly two deal with Virchow in 1848. Unger concluded that 'Virchow's participation at the short-lived revolution was relatively insignificant…And even when he was involved in his politics, Virchow never neglected his pathological courses for a single day.'[88] Unger was a press officer for the Nazi Doctors' League and active in the circle of doctors around Hitler who urged him to adopt a euthanasia

---

[83] Edith Heischkel, 'Rudolf Virchow als Publizist', *Medizinische Rundschau: Monatsschrift mit Ärztlicher Akademie*, 1/7 (July 1947), 230–3. Hellmuth Unger, *Virchow: Ein Leben für die Forschung* (Hamburg, 1953). Rössle's memorial speech at the celebration of the 125th anniversary of the birth of Virchow in Oct. 1946 in Unger, *Virchow*, 8. Compare with the different assessments in Erwin Ackerknecht, *Rudolf Virchow: Doctor, Statesman, Anthropologist* (Madison, 1953).

[84] *Deutscher Biographischer Index*, 2nd ser., fiche 411/121 and LAB, C Rep. 118/105, 'Verzeichnis der ärztlichen Leiter und Chefärzte der Berliner Krankenanstalten', 1.IV.1948, 17. In 1952/3, Froboese was head of the German Society for Pathology, which had been founded by Virchow.

[85] Prof. Dr Curt Froboese, *Rudolf Virchow, = 5.9.1902—ein Gedenk- und Mahnwort an die heutige Ärztegeneration 50 Jahre nach seinem Tode* (Stuttgart, 1953), 8.

[86] Froboese, *Virchow*, 13.

[87] Froboese, *Virchow*, 62.

[88] Unger, *Virchow*, 161–2. Kiessling points out that Unger was influential in the formulation of racial hygiene programmes, see Claudia Sybille Kiessling, *Dr. med. Hellmuth Unger (1891–1953), ein Dichterarzt und ärztlicher Pressepolitiker in der Weimarer Republik und im Nationalsozialismus* (Husum, 1999).

---

programme. Before this latest work on Virchow, in the 1930s Unger had published a novel which promoted euthanasia, as well as popular accounts of Robert Koch's and Emil von Behring's achievements.[89] Now, in the post-war years, Unger's and Froboese's analyses stood in great contrast to the assessments of Virchow which are presented in the second half of this chapter ((iii) Rudolf Virchow (version 2), and which focused almost exclusively on Virchow's revolutionary engagement. Froboese's mention of various recent attempts at blackening Virchow's name, of the 'play of wild passions', and that not all German doctors appreciated Virchow in the right manner should be understood as references not just to leading Nazis' condemnation of Virchow but also to communist assessments of him as one of the important revolutionaries of 1848.

Along with Virchow, figures such as Robert Koch, Emil von Behring, and Paul Ehrlich were turned into public favourites and portrayed in a similar celebratory light.[90] Behring had for some time featured as an icon in National Socialist literature, and Hellmuth Unger and the bacteriologist Heinrich Zeiss had celebrated him in a series of publications in the 1930s. But now, as positive German national traditions were to be rescued, the Jewish doctor Ehrlich was fitted onto this canvas. Ehrlich's former secretary Martha Marquardt republished her memoirs of Ehrlich with a new preface and postscript, and proclaimed:

> only the shining examples of great men can save us from discouragement and faintheartedness in the face of inhuman atrocities and destruction which have surrounded us—only the examples of a man like Ehrlich, a man who dedicated and sacrificed his whole life to the welfare and healing of mankind, never failing in his idealism, his optimism and his faith…To Ehrlich nothing on earth mattered except scientific research aimed at overcoming suffering and disease, and increasing the happiness of mankind.[91]

A series of 1947 advertising flyers by the chemical concern Hoechst made use of these icons (see Fig. 4.1). Much of this output was not just popular, but also had important pedagogic functions: through biographies of German idols and republished textbooks by the Charité grandees, and their lectures at the universities, there was an opportunity for the younger generation, who had not actually experienced pre-1933 German medicine, to take on the mantle for themselves.[92]

[89] Weindling, *Nazi Medicine and the Nuremberg Trials*, 256.

[90] E. F. Podach, *Robert Koch* (Berlin, 1947). Hellmuth Unger, *Robert Koch: Roman eines grossen Lebens* (1936; Hamburg, 1947). Wilhelm von Drigalski, *Im Wirkungsfelde Robert Kochs* (Hamburg, 1948). Robert Möllers, *Robert Koch: Persönlichkeit und Lebenswerk, 1843–1910* (Hanover, 1950). Richard Bochalli, *Robert Koch: Schöpfer der modernen Bakteriologie* (Stuttgart, 1954). Hellmuth Unger, *Emil von Behring* (Hamburg, 1948); previous edn. *Unvergängliches Erbe: das Leben Emil von Behrings*, (Oldenburg, 1942). Richard Bieling, *Der Tod ist ein Nachsehen: Emil von Behring, Gestalt und Werk* (1941; Bielefeld, 1954). Martha Marquardt, *Paul Ehrlich als Mensch und Arbeiter: Erinnerungen aus dreizehn Jahren seines Lebens (1902–1915)* (1924; Berlin, 1951) (English edn. 1949). Hans Loewe, *Paul Ehrlich: Schöpfer der Chemotherapie* (Stuttgart, 1950).

[91] Marquardt, *Paul Ehrlich*, 250.

[92] Brugsch's famous textbook of internal medicine was republished in its 11th edn. in 1947. Theodor Brugsch, *Lehrbuch der Inneren Medizin* (11th and 12th edns., Berlin, 1947). Berlin University (later Humboldt University) was reopened on 29 Jan. 1946. On lecture schedules for Berlin, see e.g. Friedrich v. Bergmann, 'Der neue Studienplan für Mediziner', *Das Deutsche Gesundheitswesen*, 1/4 (28 Feb. 1946), 64–8. On the 'post-war surgeries' of medical textbooks (i.e. the deletion of offending passages from republished textbooks) see Proctor, *Racial Hygiene*, 303–6.

1892

Geheimrat   *Professor*

Dr. Robert Koch

ein großer Helfer der Menschheit.

„AUS DER WELT IM KLEINEN SCHUFST DU DEINE GRÖSSE
UND EROBERTEST DEN ERDKREIS, DER DANKERFÜLLT
DIR DEN KRANZ DER UNSTERBLICHKEIT REICHT.“

(Inschrift der goldenen Medaille, mit der die Berliner Ärzteschaft
ihren großen Meister Robert Koch geehrt hat)

*

*HOECHST ist die historische Stätte, an der viele welt-
bekannte heilbringende Entdeckungen aus der Stille
wissenschaftlicher Laboratoriumsarbeit heraus entwickelt
und den Bedingungen des mit allen Hilfsmitteln neuzeit-
licher Technik arbeitenden Großbetriebes angepaßt wurden*

FARBWERKE HOECHST

Pharmazeutische Abteilung
⑯ *Frankfurt (M)-Höchst*

HOECHST 18 63

Figure 4.1. Farbwerke Hoechst advertising flyer [1947]

This material is not covered by the Creative Commons licence terms that govern the reuse of this publication. For permission to reuse please contact the rights holder directly.

THE CENTRAL HEALTH ADMINISTRATION
OF THE SOVIET ZONE (ZVG)

(i) Origins and Composition

In offices not far from the Magistrat, continuities of a very different kind were advanced by the Central Health Administration (Zentralverwaltung für das Gesundheitswesen, ZVG). This organization had its roots in the Soviet Order No. 17 of 27 July 1945, which created a number of 'central administrations' for different functions. In the other zones administrations were established only at the local and provincial level, but from the beginning the Soviet authorities focused on centralized administrations, or quasi-ministries, charged with a range of functions for the whole of the Soviet zone.[93] Demands for a central health ministry had been voiced regularly throughout the 1920s and 1930s, and formed a central feature of many German émigrés' plans for the future public health service.[94] Its creation in the Soviet zone meant that for the first time in Germany there was to be an institution responsible for the whole of the public health and medical services.

   On 24 August 1945 the ZVG began its work under two social democrats, Paul Konitzer and Ignatz Zadek, supervised by the Health Department of SMAG.[95] It was directly responsible for the running of the health service in the Soviet zone, a task which involved issuing directives and instructions to German doctors on how to interpret and implement the Soviet orders; coordinating the public health work of *Land* and provincial departments; appointing medical officers and evening out surpluses and shortages of personnel by relocating officials and doctors; collecting and compiling medical statistics; and long-term planning work.[96] On 15 September

---

[93] BAB, DQ1/2, 'Befehl des Obersten Chefs der Sowjetischen Militär-Administration und Oberkommandierenden der sowjetischen Besatzungstruppen in Deutschland, den 27. Juli 1945, Nr. 17', Marshall Zhukov, Lieutenant-General Bokov, Colonel Kurasov, Lieutenant Ognev. BAB, DQ1/1554, 'Zusammenstellung der Vorschriften allgemeiner Bedeutung auf dem Gebiete des Gesundheitswesens nach dem Stande vom 1. März 1948' for a list of other Soviet orders concerning public health.

[94] See e.g. 'Aufbau eines demokratischen Gesundheitswesens in Deutschland', in Ursula Langkau-Alex and Thomas Ruprecht (eds.), *Was soll aus Deutschland werden? Der Council for a Democratic Germany in New York, 1944–1945: Aufsätze und Dokumente* (Frankfurt, 1995), 230–47. TNA, FO 371/46885, 'Plan for the reconstruction of the German Health Organisation', Hugo Freund, 26 Oct. 1945. Kurt Glaser, *Vom Reichsgesundheitsrat zum Bundesgesundheitsrat: Ein Beitrag zur Geschichte des deutschen Gesundheitswesens* (Stuttgart, 1960).

[95] On Konitzer and Zadek, see Martin Broszat and Hermann Weber (eds.), *SBZ Handbuch* (Munich, 1990), 244–52. For some of the Soviet medical faculties and institutes represented, see BAB, Z47F 7317/56/23, 'List of workers recommended for scientific work in the Soviet Occupation Zone of Germany', signed by Deputy People's Commissar of Health of the USSR, Milovidov, attached to a report from Kuznetsov to Zhukov, on the work of the Health Department of SMAG for Dec. 1945, 14 Feb. 1946.

[96] Moser claims that the ZVG was involved in the drafting of some of the most significant orders on public health in the Soviet zone, which hitherto had been considered to be of Soviet origin. See Moser, *'Im Interesse der Volksgesundheit …'*, 260, 341. She is referring to BAB, DQ1/1406, letter from the legal department of the ministry of health of the German Democratic Republic to Minister Steidle and State Secretary Matern, 12 July 1951.

1945 Soviet officials approved the ZVG's initial appointments as well as a draft of its statute which was to guide the future work of the zone's health service.[97]

For the first few years after its establishment the ZVG had around 170 staff. It was divided into three administrative and approximately ten specialist departments (see Tables 4.1–4.3). It was headed by a president, and by December 1945 three vice-presidents had also been appointed, each overseeing three or four departments. In contrast to the Magistrat Health Department, in this organization university professors, doctors, and medical experts whose careers had been interrupted by the Nazi rise to power in January 1933 (through loss of positions, emigration, imprisonment, or involuntary periods spent in other work) made up a significant portion of senior posts.

Who were the people working at the ZVG? Much of post-war life in Germany, and German contacts with Allied officials, revolved around political parties, so they form a useful way of identifying and demarcating different groups and networks. It was a primary aim of the occupation, repeatedly asserted at the wartime conferences, to cleanse Germany of all Nazi influences, and as a result German political organizations were officially dissolved by the end of the war. But just over a month into the occupation, the Soviets had encouraged the re-formation of German political parties—some time before their French, British, and American counterparts. Soviet Order No. 2 of 10 June agreed to the establishment of 'anti-fascist parties and trade unions' in the territory of Berlin and the Soviet zone.[98] The Communist Party (KPD) reconstituted itself on the following day, the Social Democrats (SPD) a few days later, and over the next few weeks the Christian Democrats (CDU) and Liberal Party (LPD) followed.[99]

Many activists had worked within their party circles for decades, and it is possible to distinguish between three roughly drawn groups of people working at the ZVG. Social democrats were one group, and in the immediate post-war period were the majority among executive officials. Many had been involved in municipal public health in the 1920s and 1930s. The communists were another group, and their numbers increased from late 1945 onwards due to the staggered return of émigrés to the Soviet zone. Most of them had also worked in the German public health service before 1933. Although well represented in the ZVG, both KPD and SPD members were a small minority among doctors and health officers in the Soviet zone overall.[100] A third group consisted of a number of people who did not belong to any political party. Maxim Zetkin described some of them as 'politically blank slates',[101] while others had long military-medical careers or some involvement

---

[97] BAB, DQ1/2, 'Statut der Zentralverwaltung für das Gesundheitswesen in der sowjetischen Okkupationszone', Sokolov, 15 Sept. 1945. BAB, DQ1/2, 'Satzungen der Deutschen Zentralverwaltung für das Gesundheitswesen auf dem Gebiet der sowjetischen Okkupationszone Deutschlands', 12 Sept. 1945, Kuznetsov, approved by Serov.
[98] Printed in *Berliner Zeitung*, 10 June 1945, 1.
[99] Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*, i. 27–8.
[100] See esp. Anna-Sabine Ernst, '*Die beste Prophylaxe*'.
[101] Klaus Blömer (born 1921) and Hans-Jürgen Behrendt (born 1917) were described by Zetkin in this way, Zetkin, 'Charakteristik'.

Allies and Germans

Table 4.1. Heads of Department in the Central Health Administration of the Soviet Occupation Zone, October to December 1945

OCTOBER 1945		DECEMBER 1945	
President	Dr Paul Konitzer (Aug. 45–Feb. 47) **SPD**	President	Dr Paul Konitzer (Aug. 45–Feb. 47) **SPD**
1st Vice-president	Dr Ignatz Zadek (Aug.–Nov. 45) **SPD**	1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) **KPD**
2nd Vice-president	Dr Fritz Leo/Lettow **KPD** (Aug. 45–?)	2nd Vice-president	Dr Ignatz Zadek (Dec. 45–Feb. 46) **SPD**
3rd Vice-president	None	3rd Vice-president	Dr Bruno Harms (Dec. 45–July 46) **DDP/LPD**
Administration	Dr Paul Konitzer **SPD**	General Administration	Dr Joseph Schölmerich (Scholmer) **KPD**
1. Sciences	Dr Friedrich v. Bergmann	1. Sciences	Dr Friedrich v. Bergmann
2. Secretariat	Dr Werner Holling	2. Secretariat/Legal Department	Dr Werner Holling
3. Human Resources	Dr Fritz Leo/Lettow **KPD**	3. Human Resources	Dr Fritz Leo/Lettow **KPD**
4. Economy & Finances	Dr Erich Taeger	4. Finances & Economy	Dr Erich Taeger
5. Mother & Child	Dr Anneliese Hamann **KPD**	5. Mother & Child	Dr Anneliese Hamann **KPD**
6. Preventive Medical Care	Dr Fabian **SPD**	6. Preventive Medical Care	Dr Max Klesse **SPD**
7. Social Care	Dr Alfred Beyer **SPD**	7. Social Care	Dr Alfred Beyer **SPD**
8. Medical Affairs	Dr Hermann Bermann	8. Medical Affairs	Dr Hermann Bermann
9. Food & Consumption Hygiene	Dr Georg Wundram	9. Nutritional & Food Hygiene	Dr Georg Wundram
10. Free Health Professions	Dr Kurt Hess	10. Pharmaceutical Industry	Willi Mueller
		11. Free Health Professions	Dr Kurt Hess

Table 4.2. Heads of Department in the Central Health Administration of the Soviet Occupation Zone, April to September 1946

2 April 1946		1 September 1946	
President	Dr Paul Konitzer (Aug. 45–Feb. 47) **SPD**	President	Dr Paul Konitzer (Aug. 45–Feb. 47) **SPD/SED**
1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) **KPD**	1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) **KPD/SED**
2nd Vice-president	Dr Alfred Beyer (Mar. 46–Nov. 48) **SPD**	2nd Vice-president	Dr Alfred Beyer (Mar. 46–Nov. 48) **SPD/SED**
3rd Vice-president	Dr Bruno Harms (Dec. 45–July 46) **LDP**	3rd Vice-president	Dr Barbara v. Renthe-Fink (Feb. 47–June 48) **SPD/SED**
General Department	Dr Joseph Schölmerich (Scholmer) **KPD** *Deputy*: Robert v. Radetzky	1. Sciences	Dr Otto Jäger
1. Sciences	Dr Friedrich v. Bergmann no deputy	2. Organization	Dr Carl Coutelle **KPD/SED**
2. Secretariat	Dr Werner Holling, now **SPD** *Deputy*: Dr Marie Schulte-Langforth	3. Medical Profession	Dr Joseph Schölmerich (Scholmer) **KPD/SED**
3. Human Resources	Dr Fritz Leo/Lettow **KPD** *Deputy*: Dr Carl Coutelle **KPD**	4. Economy & Finances	von Bargen
4. Economy & Finances	Dr Erich Taeger *Deputy*: Martin Wende	5. Internal Administration	Josef Lenz
5. Mother & Child	Dr Anneliese Hamann **KPD** no deputy	6. Medical Care	Dr Erich Schäfer
6. Preventive Medical Care	Dr Max Klesse **SPD** *Deputy*: Dr Wladimir Lindenberg	7. Preventive Health Care	Dr Max Klesse **SPD/SED**
7. Social Medicine	Dr Ernst Holstein no deputy	8. Hygiene & Epidemic Control	Dr Hermann Bermann
8. Medical Affairs	Dr Herman Bermann *Deputy*: Dr Herbert Baer **KPD**	9. Nutritional & Food Hygiene	Dr Georg Wundram
9. Food Inspection & Control	Dr Georg Wundram *Deputy*: Dr Rudolf Meyer	10. Medical Industry	Willi Mueller
10. Pharmaceutical Affairs	Willi Mueller *Deputy*: Theodor Kluge		

Table 4.3. Heads of Department in the Central Health Administration of the Soviet Occupation Zone, September 1947 to October 1948

September 1947		October 1948	
President	Dr Karl Linser (Feb. 47–Nov. 48)	President	Dr Karl Linser (Feb. 47–Nov. 48)
1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) **KPD/SED**	1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) **KPD/SED**
2nd Vice-president	Dr Alfred Beyer (Mar. 46–Nov. 48) **SPD/SED**	2nd Vice-president	Dr Alfred Beyer (Mar. 46–Nov. 48) **SPD/SED**
3rd Vice-president	Dr Barbara v. Renthe-Fink (Feb. 47–June 48) **SPD/SED**	3rd Vice-president	Dr Kurt Winter (June 48–49) **KPD/SED**
1. Sciences	Dr Otto Jäger	1. General Department	Dr Walter Axel (Fräser) Friedeberger **SPD/SED**
2. Organization & Planning	Dr Rudolf Neumann **KPD/SED**	2. Training & Personnel	Dr Carl Coutelle **KPD/SED**
3. Medical Profession	Dr Carl Coutelle **KPD/SED**	3. Medical & Preventive Health Care	Dr Erich Schäfer
4. Finances & Economy	Feuerboether	4. General Hygiene & Epidemic Control	Dr Johannes Kathe
5. Statistics & Information	Dr Eva Schmidt-Kolmer **KPÖ/SED**	5. Medical Research & Training	Dr Richard Wegener
6. Medical Care	Dr Erich Schäfer	6. Pharmaceutical Affairs	Dr Konstantin Pritzel **SPD/SED**
7. Preventive Health Care	Dr Erwin Marcusson **KPD/SED**		
8. Hygiene & Epidemiology	[?]		
9. Food Inspection & Control	Dr Georg Wundram		
10. Medical Industry & Pharmaceutical Affairs	Willi Mueller		

in Nazi medicine behind them. Some insisted on their aloofness from politics, and a number of them were also active in the Magistrat Health Department.

This third cluster was not a coherent group but rather an assembly of a range of backgrounds and mindsets. The SPD and KPD members, by contrast, shared similar biographies, and many were personally acquainted with each other. Most came from bourgeois or petty-bourgeois backgrounds; those who were Jewish came from assimilated families. The older generation among them, those born in the mid-1880s and 1890s, made up the majority of health officers.[102] Having grown up in Wilhelmine Germany they were contemporaries of the leading officers among the occupiers.[103] Most of them had fought in the German army in the First World War.[104] A younger generation, those born in the first decade of the twentieth century, was also well represented.[105] They had come of age during the crises of the aftermath of the First World War and the early years of the Weimar Republic. Many were later active on various Second World War fronts, but unlike their Magistrat colleagues few of them fought in the Wehrmacht.[106] A third generation, those born after 1910 and who qualified under the Nazis, made up only a handful of people in the ZVG.[107]

The majority of the SPD and KPD groups had studied medicine at major German universities, and a significant portion ended up in Berlin for their final

---

[102] Herbert Baer (born 1898), Alfred Beyer (born 1885), Walter Friedeberger (born 1898), Anneliese Hamann (born 1894), Max Klesse (born 1896), Katharina Klingelhöfer (born 1889), Paul Konitzer (born 1894), Erwin Marcusson (born 1899), Rudolf Neumann (born 1899), Ignatz Zadek (1887), Maxim Zetkin (1883). Felix Boenheim (born 1890) was active in other parts of the SBZ health service. Helmut Lehmann (born 1882) had many contacts with it in his position as vice-president of the central administration for work and social security. Friedrich Wolf (born 1888) shares many similarities with individuals there. Many at the ZGV who were not part of the KPD and SPD sets were also of this generation, e.g. Bruno Harms (1890), Erich Taeger (1884), Georg Wundram (1880), Martin Wende (1894), Josef Lenz (1889), Hugo Holthöfer (1883), Else Deckert (1893).

[103] e.g. the four commanders-in-chief: Montgomery was born in 1887, Eisenhower in 1890, Zhukov in 1896, Koenig in 1898.

[104] Alfred Beyer had been seriously wounded, *Deutscher Biographischer Index*, 2nd ser., fiche 118/25–8. Felix Boenheim was excluded from the army after two years' service for insulting the War Ministry, see Thomas Michael Ruprecht, *Felix Boenheim: Arzt, Politiler, Historiker: Eine Biographie* (Hildesheim, 1992). On Erwin Marcusson, see Müller-Ensberg et al. (eds.), *Wer War Wer in der DDR?* (2001). On Maxim Zetkin, see BBAW, Zetkin Nachlass, 'Lebenslauf' [1947].

[105] Rolf Becker (1906) was head of a department of the Ministry of Health in Sachsen-Anhalt; Carl Coutelle (1908); Fritz Lettow/Leo (1904); Hermann Redetzky (1901) was a leading official in the health administration of Mecklenburg-Vorpommern, and present at meetings of the regional health offices; Kurt Winter (1910). From outside the KPD and SPD sets, to this generation belonged e.g. Werner Holling (1909), Friedrich von Bergmann (1907), Hermann Bermann (1900), Willi Mueller (1906), Marie Schulte-Langforth (1903), Wladimir Lindenberg (1905), Ernst Holstein (1901), Theodor Kluge (1904), Edmund Döring (1905).

[106] The Spain veterans (Becker, Coutelle, Baer, Winter, Zetkin) make up a group in themselves. Becker, Coutelle, and Baer also fought at the Burmese front, while Zetkin was with the Red Army. Hermann Redetzky and Paul Konitzer fought in the Wehrmacht. For Redetzky see BBAW, Nachlass Redetzky, Beförderungsurkunde, 5 Oct. 1943; for Konitzer see Schagen and Schleiermacher (eds.), *CD Rom: 100 Jahre Sozialhygiene*. Members of the Wehrmacht outside the two party sets included Bruno Harms, Wolfgang Cyran, Friedrich Bentzin, Edmund Döring, and Hans-Jürgen Behrendt. For Harms, see *Deutscher Biographischer Index*, 2nd ser., fiche 524/296–7 and 420–1. For Cyran, Bentzin, Döring, and Behrendt see Zetkin, 'Charakteristik'.

[107] Eva Schmidt-Kolmer (1913); Joseph Schölmerich (1913). From outside the sets, Klaus Blömer (1921), Wolfgang Cyran (1911), Hans-Jürgen Behrendt (1917), Friedrich Bentzin (1912).

---

semesters or practical year of clinical training. Most then worked for the municipal health system, particularly in municipal hospitals or as district medical officers. Felix Boenheim, for example, had spent a short period at the Moabit Hospital in Berlin before being drafted into the army. After the end of the First World War he worked at the municipal hospitals in Rostock, Nuremberg, and Stuttgart, before continuing his career at the Hufeland Hospital in Berlin.[108] Similarly, Erwin Marcusson had been a junior doctor at the municipal hospital in Berlin-Neukölln, after having worked as a school medical officer in Altenburg.[109] Ignatz Zadek, whose father was a well-known SPD social hygienist, had until 1933 also worked at the municipal hospital in Neukölln.[110] Maxim Zetkin had worked at the municipal hospital in Augsburg before the First World War, and from 1918 until his move to Moscow in 1920 at the municipal hospital in Berlin-Schöneberg.[111]

Alfred Beyer, one of the oldest members of the ZVG, had since 1919 worked at the medical departments of the Ministry of the Interior and the Ministry of Welfare.[112] Many others had been employed as doctors by local or municipal authorities. Anneliese Hamann was a welfare service doctor in Berlin from 1924 to 1933. From 1926 until 1934, Max Klesse was both a school and district medical officer.[113] After a period at the Charité and at an infant clinic in Berlin-Halensee, Katharina Klingelhöfer worked as a school medical officer in Berlin until 1945.[114] Paul Konitzer entered the public health service in 1921, and worked as an SPD city councillor and senior medical officer in Magdeburg.[115] Hermann Redetzky worked as a junior doctor in a proletarian district of Berlin, and in 1930 joined the city health office.[116] Walter Friedeberger was a superintendent of the insured health centres (*Ambulatorien*) in Berlin, while Helmut Lehmann was involved in running the Berlin insurance funds.[117] The case of Friedrich Wolf, the German writer in Soviet exile, is also relevant here. By 1945 he had given up his medical career, but he exhibits some of the shared features of these biographies. He had been a medical officer in Remscheid, and later worked as a doctor for an insurance fund in Stuttgart. Here he became active in the opening of maternity and antenatal clinics.

---

[108] Ruprecht, *Felix Boenheim*. Bod. SPSL, 471/2, questionnaire filled in by Felix Boenheim, dated 12 Oct. 1934. Werner Röder and Herbert Strauss (eds.), *International Biographical Dictionary of Central European Emigres* (Munich, 1980–3), i.

[109] Müller-Ensberg et al. (eds.), *Wer war wer in der DDR?*

[110] *Biographischer Index*, 2nd ser., fiche 1142, 26. On his father Ignatz Zadek (1858–1931), see 'Personenregister' in Barbara and Günter Albrecht (eds.), *Diagnosen: Ärzteerinnerungen aus dem 20. Jahrhundert* (Berlin, 1977).

[111] BBAW, Nachlass Zetkin, 'Lebenslauf', 1946.

[112] *Deutscher Biographischer Index*, 2nd ser., fiche 118, 25–8. Zetkin, 'Charakteristik'. Müller-Ensberg et al. (eds.), *Wer War Wer in der DDR?*

[113] Zetkin, 'Charakteristik', 12.

[114] *Degeners Wer ist's?*, 12th edn. 1955; Zetkin, 'Charakteristik'.

[115] BAB, DQ1/1614, pamphlet about Dr Konitzer entitled 'Volksgesundheit statt Rassenwahn', [undated]. Also see Zetkin, 'Charakteristik', 12. Short biography in Moser, *'Im Interesse der Volksgesundheit …'*, 373.

[116] BBAW, Nachlass Redetzky, 'Beglaubigte Abschrift', 21 June 1943. Also BBAW, 'In Memoriam Hermann Redetzky', *Humanitas: Zeitung für Medizin*, 8 (13 Apr. 1978).

[117] Müller-Ensberg et al. (eds.), *Wer War Wer in der DDR?*, and Gerhard Baader, 'Politisch motivierte Emigration deutscher Ärzte', *Berichte der Wissenschaftsgeschichte*, 7/2 (1984), 67–84.

In his 1929 pro-legalized abortion drama *Cyankali*, he painted a grim picture of working-class living conditions, exacerbated by the lack of education and contraception and the existing moralistic abortion legislation. He was arrested in 1931 for carrying out illegal abortions.[118]

As we have seen, some of their non-political colleagues had also worked in the public health service.[119] But in other respects they differed from the political groups. A shared feature of KPD and SPD health officials was that their medical careers had been intertwined with their political work. Many had become involved in party politics in the years after the First World War. Some of the KPD set, in particular, had been involved in the short-lived workers' and soldiers' councils and had supported the Bavarian Socialist Republic of 1918. Felix Boenheim, just after he was expelled from the army for insulting the War Ministry (and narrowly missed a court martial), began to receive the *Political Letters* of the Spartacus group. In 1918, he joined the workers' and soldiers' council in Stuttgart, participated in the abortive Munich Republic, and was, briefly, minister for cultural affairs in the Munich cabinet. After fleeing Munich in the aftermath of the Republic, he became involved with the KPD.[120] After his military service Erwin Marcusson participated in the Spartacist uprising in Berlin and joined a workers' and soldiers' council.[121] Friedrich Wolf joined both the Independent Social Democrats (USPD) and the workers' and soldiers' council in Saxony in April 1918. Later, while working as a medical officer, he moved on to the KPD.[122]

The KPD and SPD members had been influenced by the changes to the political landscape that occurred in post-First World War Germany, particularly the increasing divisions within the SPD (since 1912 the largest party in the Reichstag[123]). By April 1917, disagreements triggered partly by the fact that the party majority had supported the government's request for funds at the outset of war, led a group of left-wingers directed by Hugo Haase to form the USPD. Haase was a famous lawyer who had defended leading personalities of the Left in a series of high-profile cases. He was also Felix Boenheim's uncle.[124] Further to the left, a small group of

---

[118] Röder and Strauss, *International Biographical Dictionary of Central European Emigrés*, vol.1, and Emmi Wolf and Klaus Hammer (eds.), *Cyankali (para. 218) von Friedrich Wolf: eine Dokumentation mit dem berühmtem Theaterstück gegen den 'Abtreibungsparagraphen'* (Berlin, 1986).

[119] Bruno Harms was medical officer in Tiergarten since 1922, and lectured on social hygiene. Hermann Bermann passed the Prussian district medical officer's examination in 1931, and became an assistant at the Hygiene Institute in Landsberg. From the early 1920s, Georg Wundram directed the state meat inspection service. Wladimir Lindenberg worked at the Institute of Clinical Psychology in Bonn. Ernst Holstein was active in occupational medicine since 1928. Else Deckert worked at the Reichsgesundheitsamt. Edmund Döring briefly worked at the Institute of Clinical Psychiatry, then at the Land insurance company in Saxony, before becoming a troop doctor. Cyran, Bentzin, and Behrendt all had military medical careers as troop doctors.

[120] On this episode of Boenheim's life, see Ruprecht, *Felix Boenheim*, 55–90.

[121] Müller-Ensberg et al. (eds.), *Wer War Wer in der DDR?*

[122] Biographical essay on Friedrich Wolf in Wolf and Hammer (eds.), *Cyankali*.

[123] Volker Berghahn, *Modern Germany: Society, Economy and Politics in the Twentieth Century* (Cambridge, 1995), 20.

[124] Ernst Haase (ed.), *Hugo Haase: Sein Leben und Wirken, mit einer Auswahl von Briefen, Reden und Aufsätzen* (Berlin, 1929). Ernst Haase (Hugo Haase's son) and his cousin Felix Boenheim were both doctors, worked together at the hospital in Moabit, and were later active in the Council for a

---

militant revolutionaries had formed around Rosa Luxemburg and Karl Liebknecht and constituted themselves into the Spartacus League, from the remnants of which the KPD was created.

Both the SPD and KPD members of the ZVG received their formative political education in this political context. Maxim Zetkin and Helmut Lehmann, the oldest members of the ZVG, had already joined the SPD at the beginning of the century. Zetkin was also involved in post-First World War developments. As a teenager and junior doctor he carried out secretarial work for his mother, Clara Zetkin (who played a leading role in the Spartacus circle and the founding of the KPD), and had accompanied her on trips and congresses abroad.[125] In 1917 he left the SPD to join the USPD, and two years later the newly founded KPD. The younger health officers, particularly those without family links to political parties, had in many cases come into the orbit of political groupings in the early years of the Weimar Republic, while at university.[126] Surrounded by post-war hunger and dire economic conditions they criticized the detachment of their parents, and began to focus on the link between disease and social conditions, and the role of health policy in social reforms. Their politicized view of not just disease but the doctor's tasks was at odds with the majority of the medical profession in Germany. Even after the First World War, when it became clear that social democracy was going to be an even stronger force in German life, it found little support among members of the profession.[127]

Most of these politically active health officers in the ZVG had been active in political-medical organizations. The communists had been involved in groups such as the Proletarian Health Service, the Working Group of Communist Doctors, and International Workers' Aid. Some of the communist doctors had in 1921 submitted, via the Communist Party, motions on health policy to the Prussian State Parliament and the Reichstag. Here, and in other programmes, they demanded the unification of the health and welfare services under a central ministry, and the financing of the system from public funds. Other priorities were the reform of tuberculosis hospitals, new treatment centres for venereal diseases, maternity clinics, and the revision of abortion legislation. Many travelled to the USSR in the 1920s and wrote glowing reviews on the successes of the newly nationalized Soviet

Democratic Germany in New York. See 'Declaration of the Council for a Democratic Germany' of 3 May 1944, in Langkau-Alex and Ruprecht (eds.), *Was soll aus Deutschland werden?*, 155–63. Ruprecht maintains that Hugo Haase had great influence on Felix Boenheim's formative years, see Ruprecht, *Felix Boenheim*, 21, 51–2, 64. Boenheim returned to Germany, but Ernst Haase seems to have stayed in the USA.

[125]   BBAW, Zetkin Nachlass, 'Lebenslauf', 14 Jan. 1951, and 'Lebenslauf', 7 Mar. 1947. On Clara Zetkin, see Gilbert Badia, *Clara Zetkin: Eine neue Biographie* (Berlin, 1999).

[126]   *SPD members*: Beyer since 1918; Friedeberger since 1921; no dates for Klesse, but Zetkin described him as an 'old USPD and SPD man'; Klingelhöfer since 1921; Konitzer since 1923; Lehmann since 1903; Redetzky since 1930; Zadek since 1911, and his father had been an SPD delegate since 1892. *KPD members*: no dates for Baer; Boenheim associated with it since 1918; Hamann since 1926; Kolmer in Austrian communist Youth organizations; Lettow since 1930; Marcusson since 1919; Winter in communist student group, then 1937 KPD; Zetkin since 1919; Schölmerich in communist youth group, then 1930 KPD; Coutelle since 1930; Neumann since 1927.

[127]   Moser, *'Im Interesse der Volksgesundheit …'*, 69–70.

health system. Consequently, some work on health policy also took place in a series of German–Soviet friendship organizations.[128]

Several of the social democrats had been involved in the Social Democratic Doctors' Union, which Ignatz Zadek's father had co-founded in December 1913.[129] In 1919 this was renamed the Association of Socialist Doctors; in 1923 members of the right wing of the SPD left to form a separate group, triggered by fights over the doctors' strikes and the workings of the insured health centres in Berlin. The association subsequently contained both social democrats and communists and became the biggest grouping of socialist doctors, a number of whom were present in the ZVG in 1945.[130] While in general SPD members had dominated the association, the largest and most multi-party group had operated in Berlin. Some of the association's health policy demands had included campaigns for birth control, the abolition of paragraph 218 (which prohibited abortion), the creation of a central health ministry, the creation of chairs in social hygiene at the major universities, and its compulsory inclusion in the medical syllabus. The association also became one of the most vocal opponents of Nazi racial hygiene. Their programme showed that differences existed between factions *within* the KPD and SPD, particularly on issues such as the desirability of bringing public health under municipal (rather than state) control, and the role of eugenically oriented measures in health reform.[131] Factions of both parties sometimes found substantial common ground.

Although SPD and KPD members had successfully worked together, both party sets had also been moulded by the irreconcilable split between the far Left and the majority of the SPD. Years of fierce opposition had escalated during the KPD campaign which branded the SPD 'social fascists' and had as their main aim its destruction. This tactic, begun in 1928, only ended after the Nazis had taken power and Stalin changed to a popular front strategy, but their relationship barely improved after the abrupt 1935 Comintern emphasis on building united antifascist fronts. In 1945, when both parties had to negotiate the pitfalls of Soviet occupation, and when members now joined the same institutions, this was important baggage.

---

[128] The Society of Friends of the New Russia was founded in 1923 to facilitate exchange of ideas between German and Soviet intellectuals. Felix Boenheim was one of the co-founders. Boenheim was also active in the International Committee of the Friends of Soviet Russia (based in Berlin and with branches in London and Paris), and worked as an advisory doctor to the Soviet trading mission in Berlin.

[129] On this and the role of Ignatz Zadek senior, see Florian Tennstedt, Christian Pross, and Stephan Leibfried (eds.), *Internationales Ärztliches Bulletin: Beträge zur Nationalsozialistischen Gesundheits- und Sozialpolitik*, vol. vii (Berlin, 1989), p. ix.

[130] Active members included Felix Boenheim, Erwin Marcusson, Friedrich Wolf, Ignatz Zadek. Hamann and Klesse were probably members. Other active members who later did not return from exile included Minna Flake (KPD/KPO/SAP), Max Hodann (KPD), Käthe Frankenthal (SPD/SAP), Ernst Haase (SPD?). Kurt Glaser (SPD), former head of the Chemnitz Branch of the Association, returned from exile in the USA to the British Zone in Feb. 1948.

[131] Alfons Labisch and Florian Tennstedt, *Der Weg zum 'Gesetz über die Vereinheitlichung des Gesundheitswesens'* (Düsseldorf, 1985). Paul Weindling, *Health, Race and German Politics Between National Unification and Nazism, 1870–1945* (Cambridge, 1989).

Set against this antagonism was the shared disruption of their careers after 1933 and the persecution of those involved in socialist health politics, many of whom were also Jewish. Almost all of the politically active members of the ZVG lost their positions after 1933. Some moved on to private medical practice: Alfred Beyer was sacked from the Ministry of the Interior in February 1933 because of his SPD membership, and set up his own practice after 1939. Anneliese Hamann was dismissed in 1933 for communist activities, and from 1934 worked in her own practice. Max Klesse, too, opened a practice after being sacked in 1934. Klingelhöfer was dismissed for six months in 1933, but then re-employed as school medical officer. Paul Konitzer, who was sacked in 1933 'for political reasons', set up a practice in Dresden and was drafted into the Wehrmacht in 1939.[132] Zadek established himself as a specialist for internal diseases after being dismissed in 1933.[133] Redetzky resigned from his Berlin office in July 1933, and became a specialist in internal diseases.[134]

Some were involved in underground work, and some were imprisoned: Fritz Leo was arrested by the Gestapo in 1935, and then spent two years in prison in Zwickau and eight years in four different concentration camps. Helmut Lehmann was sacked and arrested in March 1933, and once again in 1935 as head of a resistance group of SPD members and trade union officials in Berlin. Following the July 1944 plot he was arrested again and sent to Tegel prison, from where he was liberated in April 1945.[135] Klesse was involved in the North Berlin-based resistance group Mannhart. Schölmerich, too, apparently worked illegally for the KPD after a short period in Swiss exile, and as part of this work infiltrated the NSDAP.[136]

Some emigrated and only returned to Germany after 1945. Zetkin had already moved to Moscow in 1920. Baer left in 1935, and went first to Spain, then to China and Burma. Coutelle emigrated to Moscow in 1934, and later also went on to Spain and Burma. Friedeberger emigrated to France in 1935 after he was dismissed and briefly arrested in 1933. Following two years of internment in Morocco, he then emigrated to the United States in 1941. In 1934, Marcusson emigrated to Switzerland after he had been arrested in April 1933, and then moved on to Moscow in February 1936. Neumann also emigrated to Switzerland, then to France in

---

[132] Entry for Paul Ignaz Konitzer, in Schagen and Schleiermacher (eds.), *CD Rom: 100 Jahre Sozialhygiene*.

[133] For Beyer, Hamann, and Klesse, see Zetkin, 'Charakteristik', and DQ1/1634, Max Klesse, 'Werdegang', 6 Sept. 1946. For Klingelhöfer, see *Wer ist Wer? 12. Ausgabe von Degeners Wer ist's*? For Konitzer, see Müller-Ensberg et al. (eds.), *Wer War Wer in der DDR?* For Zadek, see *Wer ist Wer? 1948*, Deutscher Biographischer Index.

[134] BBAW, Nachlass Redetzky, Prof. Dr Walter to Herrn Präsidenten Höcker, 2 July 1946, where Walter recommended Redetzky as his successor.

[135] Müller-Ensberg et al. (eds.), *Wer War Wer in der DDR*?

[136] Fritz Lettow, *Arzt in den Höllen: Erinnerungen an vier Konzentrationslager* (Berlin, 1997). Days after the liberation of Bergen-Belsen in Apr. 1945, he changed his name from Leo to Lettow, see afterword by Gerhard Leo, 257. See Karen Bellin, 'Ein Leben im Dienste des Menschen: OMR Dr Fritz Lettow, Arzt im Widerstand und Aktivist der ersten Stunde', *Zeitschrift für die gesamte Hygiene und ihre Grenzgebiete*, 35/7 (1989), 442–3. For Schölmerich, Zetkin, 'Charakteristik', and Martin Broszat and Hermann Weber, *SBZ Handbuch*. For Klesse, Rainer Sandvoß, 'In Berlin gab es auch Widerstand', *Berlinische Monatsschrift*, 9 (2000), 48–58.

1933, later to Mexico. Friedrich Wolf, who was arrested over the abortion scandal in 1931, travelled to Moscow following his release, working for an Agitprop theatre group of the KPD.[137] After years of touring many countries in 1938 he was interned in France and escaped to Moscow in 1941. Kurt Winter emigrated to Switzerland in 1935, later to Spain and Sweden. In exile, members of the future ZVG were active in the Free Germany groups discussed in Chapter 3.

A significant portion of the communist set also joined the International Brigades during the Spanish Civil War. Rudolf Neumann was one of the first foreign volunteers to arrive in Spain, and some have credited him with organizing and directing the International Brigades' medical service. Rolf Becker arrived in Spain in 1936, and worked as chief medical officer of the Eleventh Brigade until 1938. Maxim Zetkin also arrived in 1936, when he became an advisory surgeon to the Republican Army. Baer, Coutelle, and Winter all arrived in Spain in 1937 and fought until the end in 1939. Friedrich Wolf left Moscow for Spain in 1938, and after the disbandment of the International Brigades was interned in France.[138]

The social democrats and particularly the communist doctors could perhaps be described as 'medical mercenaries' or 'missionaries'. They all had worked on a succession of political projects that needed doctors: in city slums during the interwar economic crisis, in émigré groups, in the International Brigades in Spain, at the Sino-Japanese war front, or in the Red Army. For them post-war Germany was, at least in part, another item on the political agenda. Eva Kolmer was one who made this link explicitly in retrospect. She returned from British exile to her native Vienna, before she joined her husband Heinz Schmidt in Berlin in August 1946 and began work for the ZVG. She remembered that life in the Soviet zone was far from easy, with small rations, lack of heating, and poor health conditions, 'but the force of our political conviction and our feeling regarding the responsibilities of communists, as well the stamina, toughness and resourcefulness which us few survivors had learnt during illegality and war, all gave us the strength to take on party missions and to fulfil them'.[139]

In sum, the SPD and KPD sets in the ZVG overlapped biographically in a series of subsets and intersecting circles, which bound them together and set them apart from their other colleagues. Some had met as Berlin medical officers or at the municipal hospitals; others had worked together in the Association of Socialist Doctors, the exile groups, or the International Brigades. And even those who had not actually met in

[137] Mobile theatrical 'agitation—propaganda' ensembles that took up political causes and translated them into popular performance language.
[138] For Becker, Coutelle, and Baer, TNA, FO 371/46844, 29 Nov. 1945, correspondence with China Medical Aid Committee. For Kurt Winter, Müller-Ensberg et al. (eds.), *Wer war wer in der DDR?* For Zetkin, see BBAW, 'Lebenslauf'. For Neumann, *Pasaremos: Deutsche Antifaschisten im national-revolutionären Krieg des spanischen Volkes* (Berlin, 1970); Arno Lustiger, 'German and Austrian Jews in the International Brigades', *Leo Baeck Institute Yearbook*, 35 (1990), 297–320. For Wolf, Atina Grossmann, *Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920–1950* (Oxford, 1995), 184; Emmi Wolf and Walter Pollatschek, *Wolf: Ein Lesebuch für unsere Zeit* (Berlin, 1974).
[139] BAB, SgY 30/2237, Eva Kolmer, 'Entwurf: Erinnerungen an Lehr- und Wanderjahre in Sachen Gesundheitsschutz für Mutter und Kind (1949 bis 1961)', manuscript dated 22 Nov. 1986, 2. Many thanks to Charmian Brinson for giving me a copy.

person before 1945 could easily place and assess each other on the basis of shared patterns. Moritz Mebel was immediately able to identify Kurt Winter as a 'comrade in the struggle' when they eventually met at the Charité in the late 1950s.[140]

(ii) The political physician

These biographical patterns are important for a number of reasons. First, the gathering of socialist doctors and 'medical missionaries' made the ZVG qualitatively different from other institutions in the German health service; there was nothing like it anywhere else. Elsewhere, individual communists were appointed to public health administrative posts, but they were isolated and often had difficult relationships with the occupiers.[141] In the ZVG, politically active doctors made up the majority, and communists occupied some of the key administrative positions: those in charge of appointments, personnel policy, and organization.[142] Second, the composition of the ZVG (the SPD and KPD factions and the third group) resulted in obvious clashes, not just between the two party sets but also between them and their non-political colleagues.

The old animosities between the KPD and SPD sets survived, after April 1946, when the Socialist Unity Party (SED) was created in the Soviet zone by the enforced merger of both parties. The way in which they presented themselves at meetings and during discussions with other health officers in the immediate post-war years demonstrates the survival of their party identities. At a meeting of health officers from the Soviet zone, Lehmann introduced himself with the words 'I am speaking here as a representative of the social democrats'.[143] At similar meetings, Zetkin at times defended the 'socialists' position'.[144]

Tensions and open disagreements between SPD and KPD people ranged from contrary assessments of the political situation to frustrations about personnel politics. The social democrat Max Klesse, a vociferous letter writer, was often critical of communist (and Soviet) strategies. In a letter to Zetkin, he criticized the KPD's proclamations on the extensive German support of the Hitler regime and the lack of any real resistance. As somebody who had spent all twelve years of Nazi rule inside Germany, he wrote, he had experienced how 'even old communists and socialists, trembling with anxiety, had taken our flyers to the Gestapo or refused to

---

[140] 'Kampfgefährte', Moritz Mebel interview with the author, held on 22 July 2003 in Berlin.

[141] In the British zone, Friedrich Dettmann (born 1897) was temporarily head of the health department at the Hamburg Senate; Emil Matthews (born in 1895) was minister of public health for Schleswig-Holstein. Both were members of the KPD. NA, FO 1082/4 'Who's who in the British Zone of Germany, with biographical notes on 300 Germans in key positions', 1946. In 1950, the Hamburg Senate ordered Dettmann's arrest following his participation in a demonstration. Walther Killy (ed.), *Deutsche Biographische Enzyklopädie*, ii (Munich, 1995).

[142] Leo/Lettow, Schölmerich, and Coutelle were all in charge of personnel. Schölmerich, Coutelle, and Neumann were in charge of organization and planning. No non-KPD member occupied either position.

[143] BAB, DQ1/1338, 'Diskussion zum Referat von Dr Holling auf der dritten Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter am 10. November 1945'.

[144] BAB, DQ1/1338, 'Diskussion zum Referat DrDr Harms auf der 4.Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter am 12./13. Januar 1946'.

---

hide typewriters or copy machines even for one day, or who refused to house Jews for a single night'. And he knew that 'the nerves of the people had already been shattered by the bombing campaigns, they had no strength left to actively resist or fight an illegal battle against Hitler and as a result they gave in to the Nazi terror without resistance!' The SED may have realized this by now, he wrote, but to Marxists, who were able to distinguish between the ruling and the ruled, this misunderstanding of the guilt question should not have arisen in the first place.[145]

Apart from general disagreements, personnel policy was an issue that frustrated the social democrats, not least because they suspected favourable treatment of their KPD colleagues by the Soviet forces. The reality was more complicated. As Naimark has shown, 'Soviet commandants carefully nurtured the other parties and involved them in local government. They aided the SPD, in particular, more scrupulously than the KPD would have liked, creating the impression among some social-democratic leaders that the Soviets actually preferred working with SPD politicians.'[146] Moreover, in the ZVG the situation was skewed by the fact that Zetkin was not just a communist, but one of those few Germans with Soviet citizenship, who blurred the line between Soviets and Germans in charge.[147]

The case of Paul Konitzer was also not typical for the treatment of social democrats. As first president of the ZVG, the Soviets had approved Konitzer's appointment, and had listened to and respected him,[148] until he was arrested in February 1947 and apparently hanged himself in prison in April 1947, while awaiting his trial. What had happened? Following his career as public health activist and social hygienist and his dismissal in 1933, Konitzer had been drafted into the Wehrmacht in 1939. From 1941 he worked as a chief staff surgeon in Wehrkreis IV (Dresden, Saxony) and was the doctor in charge of a POW camp in Zeithain, Saxony. Zeithain was liberated by the Red Army on 23 April 1945. In 1946 the Soviet authorities discovered the bodies of tens of thousands of Russian POWs, who had perished as a result of typhus and other epidemics which were rampant in the camp. An investigative commission reported over 35,000 bodies in mass graves, and the Soviet authorities held Konitzer responsible.[149] The Soviets said that the

---

[145] BBAW, Zetkin Nachlass, Max Klesse to Genosse Zetkin, 26 Oct. 1946. Klesse to Zetkin, 27 Oct. 1946.

[146] Norman Naimark, *The Russians in Germany: A History of the Soviet Occupation Zone, 1945–1949* (Cambridge, 1997), 272.

[147] Naimark, *Russians in Germany*, 292ff. Apart from Zetkin, two individuals which are hard to place in this way include Wladimir Lindenberg (1905) and Robert von Radetzky (1899): both were born in Moscow, but had trained and lived in Germany for decades.

[148] On 28 Aug. 1946 the SMAG decorated him for 'successful work in the democratic reconstruction of local administrations', see Udo Schagen, 'Kongruenz der Gesundheitspolitik in der Sowjetischen Besatzungszone?', in Wolfgang Woelk and Jörg Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002), 397.

[149] 'Das Russengrab bei Zeithain: Präsident Konitzers Kriegdienste', *Der Spiegel*, 1 Mar. 1947, 4. Also see Jens Nagel, 'Das Massensterben sowjetischer Kriegsgefangener 1941 bis 1944: Zur Rolle des Wehrmachtarztes im Wehrkreiskommando IV Dresden Dr Paul Konitzer (1894–1947)', in Böhm and Haase (eds.), *Täterschaft—Strafverfolgung—Schuldentlastung*, 93–118. Peter Schneck, 'Paul Konitzer (1894–1947): Hygieniker, Amtsarzt, Sozialmediziner, Gesundheitspolitiker', *NTM: Zeitschrift für Geschichte der Wissenschaften, Technik und Medizin*, 12/4 (Sept. 2004), 213–32.

deaths of their own citizens was not an issue on which a compromise could be made, even if in this case it concerned a German political ally.[150]

Konitzer's fate stands out. Social democrats also directed other central administrations, and none died in such ambiguous circumstances. A number of social democratic doctors later left the Soviet zone and resumed their careers in the West, while others continued to thrive and prosper in the Soviet zone/GDR. Alfred Beyer, for example, had a dazzling career as one of East Germany's most celebrated social hygienists. However, tensions between SPD and KPD members were far from negligible in the ZVG's personnel politics. That Konitzer, before his death, was right at the heart of it, is revealed in a letter by Zetkin to the SED's central committee on his worries about Konitzer's reliability. Schölmerich had reported on Konitzer's openly anti-Soviet views, Zetkin wrote. Konitzer had apparently complained that 'he could not agree with Russian personnel policy, nor Russian policy generally. A main factor was that they were badly advised, especially by people like comrade Ulbricht. This situation had to end, this much had been agreed in his close circle.' Zetkin suspected sabotage when Konitzer suddenly changed his mind on issues that had already been agreed, and had an 'of course unproven—suspicion that K. wanted to demonstrate that the personnel policy of the Soviet Military Administration will lead to our organisation's standstill'. It was also suspicious, Zetkin wrote, that Klingelhöfer and her husband, both of whom were active social democrats, were apparently meeting with Konitzer in private.[151] Zetkin wanted to inform the Soviet authorities that in spite of pro-Soviet statements, Konitzer could not be seen as reliable: 'K.'s heart is not with us'. He asked the central committee to find a party comrade who could, should it become necessary, take over, although he noted that Konitzer probably had to stay for now for reasons of political expediency.[152] That letter was written in November 1946. In early January 1947, Zetkin was speculating in a note to Klesse about an imminent change in the ZVG's leadership. On 18 February 1947 Konitzer was sacked and arrested, and by 22 April he was dead.

As real as these divisions were, those between the SPD and KPD members and their non-political colleagues were often deeper. Minutes of meetings and private correspondence contain details of repeated disagreements and open hostilities. We have seen above that those upholding the apolitical ideal of medical practice essentially equated 'Nazi medicine' with that of the communists and socialists. To both the KPD and SPD sets this equation was unacceptable.

A good illustration is an exchange at a meeting in November 1945 on the issue of doctors becoming organized within the new trade unions. The debate centred on the question of whether the majority of German doctors were ready for this

---

[150] Moser, 'Im Interesse der Volksgesundheit …', 269 n. 863. Ernst, 'Die beste Prophylaxe'.

[151] Katharina Klingelhöfer's husband was Gustav Klingelhöfer, who in 1945 ran the political office of the Berlin SPD and from 1946 headed the economic department of the Berlin Magistrat, see *Degeners Wer ist's?* (12th edn. 1955).

[152] BAB, DQ1/1614, handwritten letter 'an das ZK der SED', signed by Zetkin, 20 Nov. 1946.

kind of organization, and whether ex-Nazi Party members should be allowed to join. Max Klesse countered objections by saying: 'It is not that all doctors have to join the trade union. Why urge the Nazis anyway? It is crucial that especially the left-wing doctors (*Linksärzte*) are admitted to the trade unions as quickly as possible, because they are those who are most fed up. We have not had any representation since the one that cancelled Marxist doctors' salaries. We urgently need our representation now.' Hermann Bermann, the head of the medical affairs department, warned about Klesse's proposals: the splitting of the medical profession into those in and those not in the trade unions had to be prevented by all means; '[i]f and when we join, we must all join'.[153] To Klesse's outraged reply that there could be no compulsion, Bermann answered: 'There must be a compulsory organization, otherwise nothing will ever be achieved for the doctor.' To Klesse, whose political allegiances came before the membership of any professional club, this unity of the medical profession was a myth, at least since 1933.[154] In contrast, the non-political doctors thought that 'by joining trade unions they would be sucked into the minefield of far-left politics'.[155]

Klesse's letters also reveal regular run-ins which were often not even about specific issues so much as a more general kind of loathing. In May 1946 he complained to Zetkin and Schölmerich about Friedrich von Bergmann, who had since 1938 been active as a doctor of the Sturmabteilung (SA) and now headed the sciences department of the ZVG.[156] Klesse suspected that the delays and seeming incompetence of Bergmann's department masked a deliberate boycott and sabotage of the 'progressive' doctors' input. Bergmann, he wrote, 'who systematically sabotages our work, slows it down or messes it up, must in my opinion be replaced soon if Dept. 1 is to achieve anything. If it was not for my duty as a socialist to help you and hold out for your sake in this outfit, at least until enough new socialists can be found, I would have long preferred to re-open my practice instead of being annoyed all the time by this damn bourgeois and harmful windbag. At any rate, he probably arranges things deliberately (or out of stupidity?) in such a way that we look bad.'[157]

On this particular occasion, Klesse explained in a letter to Konitzer, Bergmann and others had made snide comments on his 'Marxist tendencies', and, more

---

[153] Hermann Bermann (born 1900) had worked at Hygiene Institute in Landsberg until 1933, was sacked as 'non-Aryan' but given a licence to practise. He joined the SPD for the first time after 1945, and was not part of the SPD described here. Zetkin classified him as a 'petty-bourgeois reactionary' who openly criticized communism and socialism. See Zetkin, 'Charakteristik', 15.

[154] BAB, DQ1/1338, 'Diskussion zum Referat von Dr Hess auf der 3.Tagung der Leiter der Landes- und Provinzialgesundheitsämter am 11. November 1945 in der ZV.Gesundheitswesen', 7, 9.

[155] Dr Gysi in BAB, DQ1/1338, 'Protokoll der 4. Tagung der Leiter der LGA vom 12./13.1.1946', 375. The professional organization of doctors in the Soviet zone is discussed by Ernst, *'Die beste Prophylaxe'*. On doctors on the FDGB, see BAB, DQ1/1524, 'Neuaufbau des Gesundheitswesens', *Deutsche Volkszeitung*, 18 Nov. 1945.

[156] Friedrich Ernst von Bergmann: born 1907 into a famous doctor family. His father was Ernst von Bergmann (1836–1907), a famous German surgeon. Friedrich worked at pharmacological institutes in Munich and Berlin from 1932, from 1938 he was a doctor with the SA. Zetkin, 'Charakteristik', 8.

[157] BBAW, Zetkin Nachlass, Max Klesse to Vice-Presidents Zetkin und Schölmerich, 23 May 1946.

---

seriously, had boycotted his proposals for creating new courses in social pathology. Bergmann's work methods and his 'constant sabotage of any kind of education of doctors according to socialist principles' had driven Klesse to open dispute. Bergmann's behaviour in the past, he said, had been 'at the same time petty-minded and unreasonable as much as stupid and arrogant, as only a bourgeois can be!' Klesse also resented that 'the bourgeois Bruno Harms' had tried to take sides (obviously not Klesse's), since Harms 'can hardly comprehend the disagreements of a socialist with a bourgeois'.[158] At exactly the same time Harms gave evidence for Sauerbruch and joined the Magistrat Health Department (see above).

In March 1946, Klesse informed Zetkin that he would resign from the ZVG. While he had enjoyed working with the comrades, he wrote, the daily frustrations caused by the regular clashes were becoming too much. He wanted to inform Zetkin in advance so that a socialist could be found as his replacement. People like Harms, Bergmann, and Friedrich Bentzin (a long-standing military doctor who now headed a sub-department and was a friend of Bergmann's[159]) must not, Klesse insisted, be allowed to gain the upper hand: 'apart from you [Zetkin], Schölmerich, Lettow and Lindenberg I cannot see any determined men who could when necessary stand against these growing reactionary circles'.[160] To fill important positions with 'active army officers à la Benzin [Bentzin] is absolutely unacceptable from the socialist perspective, since they will change the character of the whole ZVG, first only in individual departments, but increasingly also in its entirety'.[161] On this occasion Zetkin persuaded Klesse to stay, and told him that he could not afford to lose any socialists. In January 1947, when Klesse actually resigned, Zetkin reiterated that it was important that 'we have as many socialists in the system as possible', given that in the impending reorganization following Konitzer's demise a non-socialist might take over as president of the ZVG.[162]

In contrast to the Magistrat personnel, the KPD and SPD health officers of the ZVG wrote and thought very differently both about their past careers and present responsibilities. Magistrat health officers characterized their ideal medicine as stripped of all party politics, and detected antecedents of this apolitical medical practice in their own careers and in German medical traditions. In contrast, the SPD and KPD personnel identified a history of German political-medical activism which was also in part exemplified by their own careers. While working as medical

---

[158] BBAW, Zetkin Nachlass, Max Klesse to the President (Konitzer), 23 May 1946.

[159] Friedrich Bentzin (born in 1912), military doctor from 1936 until 1945, had been in the Stahlhelm. See Zetkin, 'Charakteristik'.

[160] Wladimir Lindenberg (born 1905 in Moscow), trained and worked in Germany. He took his medical examination in Bonn in 1927, from 1930 to 1936 worked on the specialist ward for brain damage and at the Institute of Clinical Psychology, both in Bonn. He was arrested in 1937 and spent several years in prison and one year in a concentration camp. From 1941 to 1945 he worked for a private firm as scientific adviser. After 1945, Zetkin classified him as an ally of the KPD. Zetkin, 'Charakteristik'.

[161] BBAW, Zetkin Nachlass, Max Klesse to Genosse Zetkin, 3 Mar. 1946.

[162] BBAW, Zetkin Nachlass, Zetkin to Klesse, 8 Jan. 1947. The new president—the dermatologist Karl Linser (born 1895)—was indeed a 'non-socialist'.

---

officers, many had argued that the doctors, the natural advocates of the sick and needy, had to tackle not just the symptoms but also the social causes of illness and disease. In 1928 Friedrich Wolf argued that the living conditions in the proletarian inner-city districts of Berlin were directly responsible for their high rates of tuberculosis and infant mortality. Because these living conditions were a reflection of their economic situation, Wolf insisted that the engaged doctor's job could not simply consist in vaccinating or handing out drugs. Doctors had to educate the working class, press for both smaller and more substantial social reforms, and ultimately help to bring about a proletarian revolution.[163] Of course, there were disagreements on whether they were primarily to represent the revolutionary proletariat, the socialist state, or insurance schemes, but all had clearly identified *political*, not merely medical, responsibilities.

Their argument on the political role of doctors acquired a new dimension with the rise of Nazism, often articulated in articles of the *International Medical Bulletin*—a journal founded by a long-term member of the Association of Socialist Doctors, Ewald Fabian, and published in Prague from 1934 until the annexation of the Sudetenland in 1938, then in Paris from 1938 until mid-1939.[164] Apart from reports on the persecution of Jewish doctors and the dismantling of progressive welfare and health institutions in Germany, the journal published clear statements on the political dimension of doctors' work. Its first issue contained a manifesto, which proclaimed: 'Socialist doctors want to contribute to making the proletariat physically and psychologically fit for the struggle of its liberation. The feeling of solidarity drives the socialist doctors to the side of the struggling proletariat, which has in capitalism seen the deepest misery and wretchedness and which wants to liberate humanity from this monstrous system by fighting for socialism.' The socialist doctors now had to prevent the expansion of the Hitler regime, to educate people on the dangers of fascism, and to fight against Nazi pseudoscience.[165]

The same issue published an outraged reply to Sauerbruch's open letter of 1934 (see section on the Magistrat), signed by a group of German social democratic doctors in Czechoslovakia and some other organizations from across the world. Sauerbruch had written on the apolitical task of doctors, and had urged the 'nationally rooted' German medical profession to support the new Nazi government. Compassion and helpfulness rather than political judgement must be doctors' only motivation, he had said. Their task was to ensure that the German government could continue to work in peace. The émigrés replied: 'we socialist doctors of all countries have always believed in the cultural ties of the people. Compassion and helpfulness are not only the motor of our profession but also of our political drive, and we have always wanted peace. We have done more: by working within the socialist parties we have served peace, have furthered the understanding of nations

---

[163] Friedrich Wolf, 'Was erzählen diese Zahlen?' (1928), in Wolf and Hammer (eds.), *Cyankali*, 78.

[164] Ewald Fabian, born 1885 in Berlin; SPD since 1912; 1919 joined Spartacus, USPD, and then KPD; 1926, expelled from KPD, joined KPD(O); 1931 founder member of SAP; 1933, emigration to Czechoslovakia. See Tennstedt, Pross, and Leibfried (eds.), *Internationales Ärztliches Bulletin*.

[165] 'Was wir wollen!', *Internationales Ärztliches Bulletin*, 1 (Jan. 1934), 2–3.

with all our strength and have worked for friendship with the German people, have stood for the study and acceptance of German medical achievements and the German health system.'[166] The battle lines drawn here persisted in debates after 1945. The socialist doctors unequivocally condemned the Nazi corruption of science and medicine and other doctors' and scientists' embrace of the Third Reich, but unlike Sauerbruch and co. they did not agree that politics had to disappear from the realm of medicine per se, just the wrong kind of politics.

This last passage also hints at another part of their self-characterization after 1945. Not only were they political agents, but like Sauerbruch and Redeker they also saw themselves as part of a specifically *German* heritage. This was expressed at meetings and in debates, where they regularly reminded each other of the importance of their past work in public health administration. At the beginning, the social democrats were most vocal in this, and Konitzer and others often emphasized their past professional experience on specific issues under discussion.[167] On one occasion, Konitzer complained that the press coverage of issues such as federalism and regional self-administration was unsatisfactory. These reports would be much more useful, he said, if they were to remind people of the rich administrative experience and many useful older studies dating from before 1933, some of which he had helped to carry out. In contrast, '[t]he ladies and gentlemen who are now entering the administration of the health service for the first time cannot know these things as well'.[168]

The importance of their identity as *German* health administrators was also made clear by Helmut Lehmann in reply to what he perceived to be his colleagues' over-reliance on Soviet power to get their proposals ratified. In a debate about the relationship between regional and central administration of public health Lehmann was concerned about the constitutional basis of giving the ZVG the power to interfere in *Land* health departments. Holling responded that he could not see any constitutional problems, since these proposals were fully in accord with Soviet orders.[169] Lehmann replied in frustration: 'If you are only relying on Soviet orders, then you are right. But we are *Germans* and not Russians. We want to present here *our* views and opinions on local government. This is what I have done, I do not have to represent Russian viewpoints.'[170]

In post-war analyses of the state of the public health service in the Soviet zone, many SPD health officers maintained that it had become possible to pick up, improve, and expand many progressive ideas from the 1920s. In an article celebrating

---

[166] 'Offene Antwort auf den Offenen Brief des Herrn Geheimrat Prof. Dr E. F. Sauerbruch', *Internationales Ärztliches Bulletin*, 1 (Jan. 1934), 4–7, at 5.

[167] e.g. Konitzer in BAB, DQ1/1338, 'Protokoll der 2. Tagung der Leiter der Landes- und Provinzialgesundheitsämter im Sowjetischen Okkupationsgebiet in der Deutschen Zentralverwaltung für das Gesundheitswesen am 2. und 3. Oktober 45–2. Sitzungstag', 11. 'Diskussion zum Referat von Dr Holling auf der dritten Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter am 10. November 1945', 4.

[168] BAB, DQ1/1338, 'Besprechung der Leiter der Landes- und Provinzial-Gesundheitsämter am 12. und 13.1.46', 12.

[169] Max Holling (born 1909) was a lawyer.

[170] BAB, DQ1/1338, 'Diskussion zum Referat von Dr Holling auf der dritten Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter am 10. November 1945', 9.

---

the anniversary of the creation of the ZVG, Alfred Beyer argued that this organiza-
tion was a direct continuation of initiatives and schemes put forward by German
medical officers in the 1920s, often not put into practice at the time. He argued that
the role of the Soviet authorities and their orders consisted, apart from the early
provision of food and vehicles, primarily in having made possible the implementa-
tion of these German concepts.[171] More subtly, Beyer's argument was also designed
to enlist sceptical doctors in the reconstruction of the health service, and to exoner-
ate it from the accusation of having been imposed by Soviet officials.[172]

Chief among the new features that were explained as the realization of older
German schemes were the polyclinics: outpatient facilities available to the general
population, housing a range of medical specialists. The social democrat Hermann
Redetzky, who as head of the health department in *Land* Mecklenburg presided
over the founding of the first polyclinic in Schwerin in 1946, argued that the idea,
the structure, and even the term had all been developed before the Nazi era.[173]
Other articles also presented the polyclinics as part of the German heritage. Dec-
ades earlier the reorganization of medical treatment had been discussed by medical
officers and social hygienists, wrote Edmund Döring.[174] It was agreed then that
medical care would improve if outpatient institutions, equipped with modern
apparatus (which, because of cost, were not easily available to individual practi-
tioners), were opened. The Nazi period had interrupted this development, but
fortunately it could be taken up again after 1945.[175]

In a much later article, but in similar terms, Hermann Redetzky and the
communist Kurt Winter reflected on the early post-war years. In the first decades of
the twentieth century, they argued, the standard of German medical science had
been high and a number of progressive ideas had been advanced, but in most
instances they could not be implemented. However, after 1945 'we in Germany
could base our efforts on a quite impressive tradition of ambulatory treatment.
Leading German social hygienists such as Grotjahn, Gottstein, and Lennhof had for
decades insisted that the scientific and technical development in medicine urgently
demanded the creation of polyclinics. In 1923 and 1924 the Berlin health insurance
funds had created over 40 insured health centres which worked excellently.'[176]

---

[171] Alfred Beyer, 'Ein Jahr Deutsche Zentralverwaltung des Gesundheitswesens', *Das Deutsche Gesundheitswesen*, 1/21 (31 Oct. 1946), 641–4.

[172] Moser also makes this point, *'Im Interesse der Volksgesundheit …'*, 176.

[173] Hermann Redetzky, 'Eine "allgemeine Poliklinik" in Schwerin', *Das Deutsche Gesundheitswesen*, 1/12 (15 June 1947), 392–3.

[174] Edmund Döring (born 1905) worked at the Institute of Clinical Psychology, 1935–7 worked for an insurance fund, during the war was a military doctor. He joined the SA in 1934, 1938 Parteian-
wärter, but was 'blamelessly rehabilitated as an anti-fascist'. After 1945, he headed a sub-department in the ZVG. Zetkin, 'Charakteristik'.

[175] E. Döring, 'Vom Sinn und Zweck der Polikliniken', *Das Deutsche Gesundheitswesen*, 1/11 (1 June 1947), 358–60.

[176] Hermann Redetzky and Kurt Winter, 'Über die Anfänge des Gesundheitswesens nach 1945', *Zeitschrift für Ärztliche Fortbildung*, 53/19 (1959), 1150–8, at 1157. Hermann Redetzky, *Entwicklung, Vereinheitlichung und Demokratisierung des öffentlichen Gesundheitswesens* (Berlin, 1950). Hermann Redetzky, 'Zur Geschichte der Organisation des Gesundheitswesens', in *Lehrbuch für Sozialhygiene* (Berlin), 50–62; manuscript in BBAW, Nachlass Redetzky.

Polyclinics were just one of several 'German' ideas that were rediscovered after 1945. In a volume dedicated to the role of Soviet orders in the reconstruction of the public health system, the editor Redetzky and many of the contributors agreed on one point in particular: Soviet officials had not imported new ideas but helped to create conditions where older German health policy conceptions could flourish. Of greatest significance had been the Soviet initiatives to find and appoint those antifascist German doctors to the health service who knew the country and were familiar with the German heritage.[177] Another major achievement of the Soviet officials was the establishment of the ZVG. Overall, Redetzky argued, '[w]e have had in Germany, at least since the 1920s, a good and progressive tradition in medicine with regard to social hygiene, the treatment of occupational diseases and the training of medical officers. In those years, a series of progressive medical and welfare officers active in social hygiene had been achieving great things in the lowering of infant mortality and in the battle against TB and VD.' Infant mortality rates, TB, and VD were all of renewed importance in the disaster conditions after the end of the war. Thus, these older approaches were given a new lease of life after 1945, not least because the German medical officers had been able to work closely together with their Soviet colleagues, publishing together and exchanging ideas. In fact, Redetzky thought that 'among our Soviet colleagues we have for long had a good name in these disciplines'.[178]

This theme of German approaches and tools was also taken up by the communists.[179] Although communists and social democrats agreed on the significance of their German heritage, the communist perspective was fraught with problems not shared by the SPD set. In their past political careers they had embraced a party culture which included a commitment to Marxist-Leninist theory and the communist cause, and loyalty to the Soviet Union. In practical terms, during the 1920s and 1930s the Soviet Union had come to exert an increasing authority over the KPD, and, as Weitz put it, 'Moscow set overall strategy and broke and made KPD leaderships'. Most KPD functionaries had received their technical and political training at one of the various institutes attached to the Communist Party of the Soviet Union (CPSU), the Comintern, or the Red Army. Even before the extensive

---

[177] Redetzky, 'Über die gesundheitspolitische Bedeutung der Befehle der Sowjetischen Militäradministration Deutschlands nach 1945', in Ministerrat der DDR, *Die Bedeutung der Befehle der SMAD für den Aufbau de sozialistischen Gesundheitswesens der Deutschen Demokratischen Republik: Dokumentation aus Anlaß des 50. Jahrestages der Großen Sozialistischen Oktoberrevolution* (Berlin, 1967), 4–11.

[178] Redetzky, 'Gründung und Aufbau des Zentralinstituts für Sozial- und Gewerbehygiene—Befehl der SMAD Nr.78 om 28.IV.48', in Ministerrat der DDR, *Die Bedeutung der Befehle der SMAD*, 21–2.

[179] It became a major historiographical focus in the GDR, see Irina Winter, 'Der Verein Sozialistischer Ärzte: Ein Beitrag zur Geschichte des Ärztestandes', *Zeitschrift für Ärztliche Fortbildung*, 58/19 (1964), 1140, 1143. Irina Winter, 'Zur Geschichte der Gesundheitspolitik der deutschen Arbeiterbewegung', *NTM: Schriftenreihe für Geschicht der Naturwissenschaften, Technik und Medizin*, 5/11 (1968), 93–100. Kurt Kühn (ed.), *An der Seite der Arbeiterklasse: Beiträge zur Geschichte des Bündnisses der Deutschen Arbeiterklasse mit der medizinischen Intelligenz* (Berlin, 1973). Barbara and Günter Albrecht (eds.), *Diagnosen*. Lothar Büttner and Bernhard Meyer (eds.), *Gesundheitspolitik der revolutionären deutschen Arbeiterbewegung: vom Bund der Kommunisten bis zum Thälmannschen ZK der KPD* (Berlin, 1984).

Stalinization of the KPD, German communists had looked to the Russian revolution as the model that Germany would have to follow, and support of the Soviet Union was a litmus test of loyalty.[180] To the officials presented here, the Soviet Union was more specifically a bastion of progressive and socialized public health care. Felix Boenheim, Friedrich Wolf, Erwin Marcusson, and Maxim Zetkin had all travelled to the USSR in the 1920s and 1930s, and had upon their returns written glowing appraisals of the Soviet health system.

In 1945 a number of contradictory facets shaped the discussions among communists. Soviet loyalties were strengthened by the fact that Soviet troops had helped to defeat the Hitler regime; many German communists also believed that under Soviet occupation their long-held visions could finally be fulfilled. But conversely, comrades' primary loyalties to the Soviet Union were tested. Many of those in Soviet exile had first-hand experience of the Stalinist purges. Erwin Marcusson had spent 1938–40 in NKVD imprisonment.[181] Even for convinced German communists it was not always easy to support and justify Soviet actions in Germany, associated as they were with raping and pillaging by out-of-control soldiers, the arbitrary use of power by local commandants, and a policy of reparations and economic dismantlement. And on a personal level, Soviet support of deserving comrades often seemed to be lacking.

Despite the KPD's often inherent Soviet worship, there was a nationalist component to its early post-war work. Throughout the previous decade, it had attempted (both out of political conviction and for reasons of political expediency) to present the party as the leaders of an antifascist and *national* front, and their preparations had emphasized their role as defenders of the German nation. Stalin himself had pointed to the strategic importance of this position. According to Dimitrov, he had for years argued that communist parties across the world should loosen their ties with the Communist International and turn themselves into 'national parties': 'What matters is that they put down roots in their own peoples and concentrate on their own proper tasks. They ought to have a Com[munist] programme; they should proceed on a Marxist analysis, but without looking over their shoulders at Moscow; they should resolve the concrete problems they face in the given countries independently. And the situation and problems in different countries are altogether different. In England there are certain ones, in Germany there are different ones, and so forth.'[182]

The dissolution of the Comintern (officially in May 1943), Stalin argued, would strengthen their role as 'national working-class parties'.[183] In June 1945, when the KPD tried to present a kind of socialism that would be acceptable to the German population, Stalin advised Dimitrov and the German comrades on exactly these lines. A diary entry by Dimitrov stated: 'Stalin proposed: declare categorically that

---

[180] Eric D. Weitz, *Creating German Communism, 1890–1990: From Popular Protests to Socialist State* (Princeton, 1997), 234–5.

[181] Müller-Ensberg et al. (eds.), *Wer war wer in der DDR?*.

[182] Entry for 20 Apr. 1941, quoting Stalin, in Ivo Banac (ed.), *The Diary of Georgi Dimitrov 1933–1949* (New Haven, 2003), 156.

[183] Entry for 21 May 1943, in Banac (ed.), *Diary*, 276.

the path of imposing the Sov[iet] system on Germany is an incorrect one; an antifascist democratic parliamentary regime must be established. The Com[munist] Party proposed a bloc of antifascist parties with a common platform. Don't speak so glowingly of the Sov[iet] Union, and so on.'[184]

Given these contradictions, there was considerable fluidity in debates of the early post-war years. Some in the KPD insisted that the primary task was the immediate construction of a socialist Germany along the Soviet model. But, at least until 1948 (and as we have seen with Stalin's support), leading party officials supported a strategy which emphasized the particularities of the German situation. A KPD appeal of 11 June 1945 (a few days after Dimitrov's diary entry above) called for the establishment of an antifascist, democratic Germany, and stated that the Soviet model was, for the moment at least, inappropriate. A new way had to be found to take account of the national peculiarities of Germany. The failed German revolution of 1848 should become the new point of reference, and should be, almost a hundred years later, finally completed.[185]

In an article in early 1946, the leading KPD official Anton Ackermann developed the concept of a 'special German road to socialism'. Using references to Marx, Engels, and Lenin, he argued that socialism in Germany could be achieved without the military confrontations and accompanying civil war of the October revolution. There could be a distinctively German path of development.[186] In language at least in part designed to soothe the worries of those who feared the coming of a Soviet Germany, he explained on a later occasion: 'The culture of a nation cannot and should not be exported to a different country…As a result, the culture of a future socialist Germany will not be a copy of other nation's cultures, but take its own specific national form.'[187] In presentations of this *German* communism, the historical reference point was no longer the Bolshevik revolution, but the failed German revolutions of 1919 and 1848.

In August 1948, as the differences between the occupiers had widened and the Cold War was in full swing, the SED abandoned the 'German road' and its propaganda fell in line behind the Soviet model.[188] Nonetheless, the strategic importance of the attempt to convince the German population of the viability of a *German* communist programme can hardly be overstated. It was particularly important

---

[184] Entry for 7 June 1945, quoting Stalin, in Banac (ed.), *Diary*, 372.
[185] Hermann Weber (ed.), *DDR: Dokumente zur Geschichte der Deutschen Demokratischen Republik 1945–1985* (Munich, 1986). Jeffrey Herf, *Divided Memory: The Past in the Two Germanies* (Cambridge, 1997), 30–2.
[186] Anton Ackermann, 'Gibt es einen besonderen Deutschen Weg zum Sozialismus?', *Einheit: Monatsschrift zur Vorbereitung der SED*, 1 (Feb. 1946) (Berlin), 22–32.
[187] Ackermann, *Marxistische Kulturpolitik: Rede auf dem ersten Kulturtag der Sozialistischen Einheitspartei Deutschlands am 7.Mai 1948* (Berlin, 1948), 22. Also see Ackermann, 'Unsere kulturpolitische Sendung', in Wilhelm Pieck and Anton Ackermann, *Unsere kulturpolitische Sendung: Reden auf der Ersten Zentralen Kulturtagung der Kommunistischen Partei Deutschlands vom 3. bis 5. Februar 1946* (Berlin, 1946).
[188] Ackermann had to do penance and was demoted. See Weitz, *Creating German Communism*, 346; David Pike, *The Politics of Culture in Soviet-Occupied Germany, 1945–1949* (Stanford, 1992), 414 ff.

---

baggage for the KPD officials in the ZVG. Like their SPD colleagues, they emphasized the importance of their German heritage, and continued to do so after 1948. For public health and medicine, they argued, German traditions, rather than a sudden Soviet orientation, were most crucial. But in terms often not shared in this form with the SPD doctors, they explained that their own interpretations of the political-medical mission had in fact continued a much older, but until now always marginalized, tradition of political medical engagement in Germany. While Redetzky and Konitzer primarily focused on the achievements of the 1920s, to communists such as Winter and Boenheim the failed German revolution of 1848 now became the crucial orientation point. Often this was only a difference of emphasis—of course, the communists also commemorated the 1920s 'progressive' advances, and on occasion Beyer and others also wrote about the symbolic significance of 1848 (see (iii) Rudolf Virchow (version 2)). But even if the social democrats could sympathize, for the communists the uncompleted revolution of 1848 became a particularly crucial marker.

(iii) Rudolf Virchow (version 2)

Early versions of an emphasis on 1848 can be found in the *International Medical Bulletin*. In a 1935 article, Ewald Fabian (writing under the pseudonym of E. Silva) analysed the role of doctors in past struggles for freedom. In the Austrian freedom movement of 1848, in the Bolshevik revolution, and now in Spain, he claimed, doctors had always taken leading parts. Although German doctors were now failing miserably, in 1848 heroic figures such as Rudolf Virchow had risked their lives for 'great historical progress'. These figures, Fabian went on, must become role models for German doctors of the present, and inspire them to fight against the Nazi dictatorship.[189] An anonymous article from 1936 presented Rudolf Virchow as a fighter for truth, freedom, and enlightenment: in the early 1880s, as anti-Semitism in Berlin was rife, Virchow was one of the organizers of a well-attended rally against anti-Semitism, which demanded equality and an end to religious hatred.[190]

After 1945, celebrations of the revolutionary Rudolf Virchow were particularly pervasive among communist members of the ZVG. In striking contrast to the portrayals discussed earlier, studies and biographical essays focused almost exclusively on Virchow's role in the 1848 revolution in Berlin. Two examples of publications from the early 1950s sum up the communist assessment.

First, Kurt Winter's biography of Rudolf Virchow celebrated Virchow as a great revolutionary role model and idol.[191] Virchow lacked proper Marxist understanding of the historical role of the working class, Winter admitted, but he still had

---

[189] Dr E. Silva, 'Ärzte im Freiheitskampf', *Internationales Ärztliches Bulletin*, 2/7 (Sept. 1935), 85–7.

[190] 'Rudolf Virchow: Gegen den Antisemitismus', *Internationales Ärztliches Bulletin: Zentralorgan der Internationalen Vereinigung Sozialistischer Ärzte*, 3/1 (Jan. 1936), 15–16.

[191] Kurt Winter, *Rudolf Virchow* (Leipzig, 1956).

fought for the rights of workers and against Prussian feudalism, demonstrating that his heart was in the right place. Early in 1848, Winter wrote, Virchow had been appointed by the Prussian government to investigate an outbreak of typhoid fever in Upper Silesia. His subsequent report blamed the social and material conditions of the Silesian population and government neglect for the outbreak. Eight days after his return from Silesia, Virchow fought in the Berlin uprising. Winter thought both points worth celebrating. 'It is an honour not just to Virchow but to German sciences as a whole', Winter argued, 'that one of its greatest representatives had the courage to support the just cause of the Polish people...It has to be the doctor's task to do all he can in the solution of social problems, especially through an active participation in the struggles for the maintenance of peace.'[192] Virchow had been a proud representative of German science and a real patriot, but he had realized that real patriotism meant an appreciation of other peoples. In his report, Virchow demonstrated 'the close association between politics and medicine. With contempt he turned against all those who hid behind their science, against all those "only"-scientists who had no courage to support a just cause because this might involve personal sacrifices.'[193] Winter argued that Virchow's political interest and his appreciation of social hygiene and social policy issues were particularly closely intertwined, and his demands were only finally fulfilled in the East German social security system.[194]

Second, Felix Boenheim's biographical essay on Virchow contained a similar kind of analysis, in a more measured and critical tone.[195] Unlike Winter, Boenheim saw Virchow's revolutionary engagement as a brief, but crucial, episode in his life. The government had suspended him from his post at the Charité following the March rising, but he was soon reinstated and also found another position in Würzburg. By 1849, Boenheim argued, Virchow had returned to 'bourgeois security'. He had not studied or understood the implication of Marxist teachings, and as a result his arguments on social reform had ultimately been superficial. Nevertheless, Boenheim agreed that Virchow in his early career had been a revolutionary. Virchow, along with other progressive or humanist doctors, had been led to politics because of his patients' social misery. They had realized that the fulfilment of their medical tasks demanded participation in politics and a solution to social problems. As a result, he was one of the liberal bourgeois men who fought in 1848 and acted as advocate of the working classes, however briefly, and showed faith in the oppressed people of Silesia. Virchow had recognized the link between social and medical conditions by understanding that medical reforms always had to involve social and political reform. All this had been particularly obvious in his investigation of the Polish health question, Boenheim thought, where he had not shied away from drawing explicitly political conclusions. Although he then sold out, Virchow's ideals and his courage lived on in the workers' movement.

The difference in emphasis between communist and social democratic interpretations of Virchow becomes clear if we look at Alfred Beyer's portrayal of Virchow

---

[192] Winter, *Virchow*, 33.   [193] Winter, *Virchow*, 36.   [194] Winter, *Virchow*, 38.
[195] Felix Boenheim (ed.), *Virchow: Werk und Wirkung* (Berlin, 1957).

as a representative of true social democracy.[196] In an article from February 1946, published in the ZVG's journal, Beyer argued that the meaning and significance of democracy, unclear in many Germans' minds, could be illustrated by the 'fighting democrat' Virchow. His character had been so fundamentally democratic and threatening to authoritarians, Beyer claimed, that Virchow had not only been unpopular with the older generation of German medical researchers at the time, but the Nazis had denounced him in a popular film.[197] In his report on Upper Silesia, Virchow had not recommended purely *medical* measures, but *political* cures, such as democracy, education, freedom, and prosperity.[198] He had demanded broad social reforms: full employment, the construction of streets and factories, fairer taxes, and better nutrition. All in all, Beyer proclaimed, this was 'a truly democratic programme, and one which is still of relevance today!'[199]

During the 1848 revolution in Berlin, Beyer went on, Virchow had worked for a democratic reform of the out-of-date university constitution, and the creation of a central health ministry, the introduction of hygiene as part of the medical curriculum, the creation of insurance funds, and an eight-hour working day. As a true patriot and a fighter for the freedom of the whole German people, Virchow later demanded from Bismarck that *Junker* power must be curbed. His democratic conception was also evident in his scientific theories, Beyer claimed. Virchow had shown that cells were the basic unit of life, but he had also demonstrated that cells could not exist on their own—groups of cells formed organs, and groups of organs formed organisms. All this was mirrored in society, where individuals as the most basic unit also could not exist on their own, and therefore came together in a democratically governed and ordered state. Overall, Beyer proclaimed, Virchow's 'life was dedicated to his people. He worked, taught, lived and strove as a model for true democracy; unwavering and incorruptible, brave, tireless and selfless.'[200] And his model of social democracy was of particular relevance for today: 'Given the incomparably heavier burden which we have to carry today, given the hard to appreciate variety and the importance of the tasks which we have to tackle quickly and decisively if we want to carry on living, democracy is the best type of state, since it survives particularly long-lasting, difficult and almost hopeless struggles most securely.'[201]

A few months later, the same journal contained an article by Robert von Radetzky which talked about Virchow in very similar terms.[202] Virchow was the

---

[196] Alfred Beyer, 'Rudolf Virchow: ein kämpferischer Demokrat', *Das deutsche Gesundheitswesen*, 1/4 (28 Feb. 1946), 93–6.

[197] Beyer probably referred to the film 'Robert Koch, der Bekämpfer des Todes' by Paul Josef Cremers and Gerhard Menzel (1939), which presented Virchow as a devious and manipulative figure who had tried to denounce Robert Koch in an effort to save his own career. See 'Emil Jannings als Robert Koch: Der Bekämpfer des Todes', *Illustrierter Film-Kurier*, 2983 (1939).

[198] Compare with Ackerknecht, *Virchow*.

[199] Beyer, 'Virchow', 94.

[200] Beyer, 'Virchow', 95.

[201] Beyer, 'Virchow', 96.

[202] Robert von Radetzky, born in Moscow in 1899, studied and worked in Germany. Zetkin saw him as an active antifascist who had worked illegally during the war, see Zetkin, 'Charakteristik'.

Figure 4.2. Top: Stamps from the series *Personalities in politics, the arts and science* (Deutsche Post, German Democratic Republic, 1952). Virchow features here among grandees of German Communism such as Karl Marx, Friedrich Engels, August Bebel and G. W. Hegel.

Bottom: Stamps from the series *150 years Humboldt University – 250 years Charité* (Deutsche Post, German Democratic Republic, 1960)

Virchow also featured in other commemorative stamp series, such as *Men from the history of Berlin* (Deutsche Post Berlin, 1952; and Deutsche Bundespost Berlin, 1957)

This material is not covered by the Creative Commons licence terms that govern the reuse of this publication. For permission to reuse please contact the rights holder directly.

voice of the 'German democratic medical profession' today, Radetzky argued, since he had 'crowned the designs of a healthy social policy with the concept of a social health policy', and he stood for the aims of the failed 1848 revolution which were now finally going to be fulfilled.[203]

This emphasis on a German heritage, demonstrating a close connection between medical and political engagement, was crucial for several reasons. It was a means for recruiting apolitical German doctors and medical officers to work with the ZVG on the basis of these shared traditions, and of exonerating it from the accusation of Soviet influence. Conversely, it also highlighted the frictions between the socialist health officers and other German doctors. For many in the SPD or KPD the lack of such political-medical engagement served as a yardstick to judge German doctors' involvement in the Nazi regime. Friedrich Wolf's response to doctors who argued for 'the rights of the unborn' in the debate about abortion legislation after 1945 made this particularly clear: 'Where were these doctors, my colleagues,' Wolf asked,

> in the years 1933–1945 when 'Germanic sciences' demanded and barbarically practised the sterilization of thousands of political or 'racial' enemies—Germans, slave labourers from Poland, Czechoslovakia, Yugoslavia, Russia, and even France? Did those doctors who are so sensitive and ethical today raise their voices and defend the 'sanctity of life' and 'the right of the unborn'? These philistines! In the face of the medical crimes in Dachau, Hadamer, Ravensbrück, etc. I deny my German colleagues the right to use those arguments unless they had the courage and the conscience to use them during the Nazi regime![204]

This political-medical emphasis also had an educational dimension. It was seen as a useful tool both for teaching the population at large about socialist programmes, and for training young doctors (particularly those who had only recently completed their medical training and who still lacked professional experience) in the aims and advantages of a particular conception of medicine and the German heritage.[205]

CONCLUSIONS

The German medical profession was deeply divided when the Allies arrived in Germany, and these divisions became more acute through the Allied presence and the political context of the post-war years. Perhaps nowhere were these divisions as visible as in a contrast of the two very different health offices presented here: Sauerbruch, Gohrbandt, and Redeker on the one side and Zetkin, Konitzer, and

---

[203] Robert v. Radetzky, 'Virchow und die Gesundheitspolitik', *Das deutsche Gesundheitswesen*, 1/7 (15 Apr. 1946), 190–2. 'Rudolf Virchow zum 125.Geburtstag am 13.Oktober', *Das deutsche Gesundheitswesen*, 1/19 (30 Sept. 1946), 569.

[204] Friedrich Wolf, 'Vom Rechte, das mit uns geboren ist…', *Der Rundfunk*, Berlin, 6–19 Apr. 1947, repr. in Wolf and Hammer (eds.), *Cyankali*, 341.

[205] Advertisement for young doctors: *Das Deutsche Gesundheitswesen*, 1/1–2 (Jan. 1946), 26. Also see Die Schriftleitung, 'Unsere neue Zeitschrift', *Das deutsche Gesundheitswesen*, 1/1–2 (Jan. 1946), 3. Dr R. Neubert (Hygiene Museum Dresden), 'Der Arzt als Erzieher', *Das deutsche Gesundheitswesen*, 1/3 (15 Feb. 1946), 58. Moser, *'Im Interesse der Volksgesundheit…'*, 153.

Klesse on the other. They had fundamentally dissimilar perspectives on their jobs, medical and public health practice, and German history and traditions. The self-proclaimed non-political doctors argued that they had remained true to scientific values and medical ethics and were uncontaminated by political concerns. While the Nazi regime may have corrupted medicine by subordinating it to crude political aims, this, they insisted, was all the more evidence for the need to guarantee that the medical profession stayed free from future political interference. The politically engaged doctors and medical officers, on the other hand, argued that they had never lost touch with social reform efforts, which had to form a central component of any medical work. The post-war programmes had to attempt to re-educate the German population, remove its militarist and fascist elements, tackle social inequalities, and build a new kind of German society—and doctors were crucial for the fulfilment of these tasks. These competing portrayals partly reflected different biographies, careers, and interests, but particularly for the first set this was often also a convenient way of absolving individuals from any question of guilt or responsibility, and defending the existing status quo and medical establishment.

In Berlin, these clashes were particularly potent. Under sole Soviet control until July 1945, the bulk of reappointments took place without any input from the other three occupiers. The appointments document a dual Soviet strategy of dealing with German doctors: one of appeasement, allowing them to operate with little interference and few reprisals for their pasts; and the other of re-educating and remoulding German institutions, and advancing those Germans who were supportive of Soviet aims. The first approach could help to reduce the economic burden of the occupation and aid the Soviet exploitation of German science and medicine; the second had political and security benefits, as growing insecurity over the future of Allied relations began to change Soviet priorities. As Part II will show, the other occupiers, too, shared contradictory approaches to German doctors and health officials. The coexistence of these strategies ultimately represented the breakdown of planners' assumptions and the failure of vital occupation agendas. While Berlin was intended to stand for the quadripartite occupation by the Allied victors, it soon became a symbol of their disunity.

German doctors and health officers had radically competing ideas and attempted to influence the occupiers accordingly. They fought over the governance of the medical profession, the function of public health, and the future of their work. But they had things in common. Where the non-political doctors represented German medical dynasties (especially by having trained with famous individuals or having taken on their university chairs), the socialist doctors stood for German political dynasties (as in Boenheim's, Zadek's, and Zetkin's families, but also in their party allegiances). Despite significant differences, they all shared a focus on German developments before 1933. They identified national traditions and a particular German way of doing things, and pointed to German founding fathers. Even among those Germans who were vocal supporters of the Soviet occupation there was a strong sense of German identity, and Soviet role models were often scarce.

The biographies of figures such as Rudolf Virchow that were newly published or rereleased after 1945 were partly attempts by the medical profession to protect

itself and its public image. The writers tried to find legitimate past traditions and presented themselves as the best representatives of those traditions. But although they shared idols such as Virchow, they were seeing something very different in this past: where the communists detected the beginnings of bourgeois social reform and proletarian German revolution, the social democrats identified the seeds of social democracy, while the medical men of the Charité celebrated the peak of 'apolitical' German bacteriological science. For all, it demonstrated that the Nazi period was an 'aberration', and that the portrayal of the German people as inherently militarized, authoritarian, and undemocratic was wrong.

Despite such claims on the aberration of the Nazi years, there was considerable continuity across the 1945 divide. In the realm of public health a number of institutions and their personnel survived the defeat utterly unchanged, often in spite of vocal protests to the contrary. Jeffrey Herf and others have written about the nature of post-war German memory and the construction of narratives. Herf has argued that, faced by the crisis of defeat and social collapse, the restoration of past traditions offered Germans the 'possibility of making sense of the chaos and confusion around them'.[206] This chapter shows that the significance of these German traditions extended far beyond the realm of individual psychology. To the medical profession, which had so much to lose following the publicity of Nazi medical crimes, the identification and celebration of good German traditions had the double purpose of presenting a new starting point which radically broke with the Nazi so-called interlude, and of absolving the carriers of this tradition from any tarnish. These positive traditions became a crucial instrument of the profession's legitimacy and credibility.

[206] Herf, *Divided Memory*, 11.

PART II

COMPROMISES AND CONFRONTATIONS, 1945–1949

Each Allied army brought with them a mixed set of expectations, and an ambiguous and ultimately limited collection of plans for how to proceed after defeat. Many questions had been left out entirely, other policies were vague or contradictory. Manuals instructed troops to be strict in their dealings with the Germans, and were reinforced by images from the liberated concentration camps and other gruelling discoveries, confirming the extent of German barbarity. But these sentiments combined with war fatigue, a realization of the scope of destruction in Germany, and a budding sense of sympathy with the defeated, to form an incongruous and unpredictable mix. In the first months and years of their existence the military governments in all four zones operated in openly contradictory terms: officers in some departments set out to deindustrialize, demilitarize, and denazify, just as their colleagues in others tried to reconstruct, motivate, and re-educate, or at least provide the bare necessities of life.

Four years later, priorities had changed radically, and most of these contradictions had disappeared, or been pushed aside. The western zones had become a bulwark against communism, while the Soviet Union had deepened its control in the east. In this mobilization both sides discarded their more restrictive and punitive policies and replaced them with new objectives. The American-led reorientation of economic policy resulted in the Marshall Plan package, announced by Secretary of State George Marshall during a speech at Harvard University on 5 June 1947. After attempts to mediate between East and West and build a partnership with the Soviet Union, France's decisive shift to the American camp was sealed by the provision of Marshall aid, in return for which it acquiesced with American policy to create a strong, centralized, and rearmed West Germany, tied into the Western European community.[1] Soviet economic policy for Germany, too, changed and was accompanied in September 1947 by the creation of the Cominform. Marshall Sokolovsky, commander-in-chief of the Soviet forces in Germany, walked out of the Allied Control Council (ACC) in March 1948, but joint quadripartite rule had in reality collapsed many months before: the new

---

[1] See Robert Gildea, *France Since 1945* (Oxford, 2002), 13 f.

American occupation directive JCS 1779, the creation of the Bizone and its central political executive, the collapse of negotiations on reparations, and the plans for a western currency reform, had already dealt it fatal blows. The foundation of the Federal Republic of Germany (FRG) in May 1949 and the German Democratic Republic (GDR) in October 1949 sealed and confirmed these divisions.

But what happened in the time before the fronts were redrawn? What did these developments mean to British, American, Soviet, and French occupation officers on the ground? The following four chapters contrast public health work in the four zones in this period from the end of the war to the escalation of the diplomatic conflict between the former Allies. They begin with the products of the wartime plans, brought to Germany as both concrete policies and implicit ideas about the occupation tasks, and track how initial assumptions and plans unravelled. In all four zones, public health was caught directly between contradictory priorities, which persisted even after the new political fronts emerged. There was no shortage of paradoxes: a denazification of the medical profession was to be achieved at a time when German doctors were to prevent an epidemic crisis in the centre of war-ravaged Europe. A realization of the extent to which Nazi ideology had permeated the medical establishment resulted in calls for tight Allied control, but nonetheless a system of only indirect, second-hand supervision of German health authorities was to be maintained. Germany was to be dismembered or decentralized, precisely at a time when health crises presented the strongest case for central coordination. German industry was to be dismantled, but in the interests of Allied taxpayers the German economy, and health system, was to remain self-sufficient. The enemy population, which had grown fat on the loot of Europe, was not to be fed any longer, but turned out to be among the most needy.

The following chapters document how some of these contradictions played out in the course of the first occupation years (and how some of them just would not go away), and show that health was at the heart of central questions about German reconstruction, renewal, and reform. They overcome a problem that has for a long time limited our understanding of the occupation era, namely a lack of comparison and contextualization of the different occupation regimes.

5

Public Health Work in the British Occupation Zone

'FIRST THINGS FIRST' was the motto when Military Government first raised its sign in Germany. 'Give me that gun, Fritz.'—'Put that man behind the wire.'—'Clear the rubble.'—'Mend the drains.'—'Get some roads open, some railways running.'—'Food? Yes we will get you food but tighten your belt.—'Pull yourself together, man. You look bomb happy.'—'Get your roof mended.'—'There is a school open down the road. Send that boy to school.'[1]

[T]he psychological state of the majority of Germans is at present such that their judgment and statements cannot be trusted in the least; in addition to which they remain as opinionated as ever, and are thus impervious to advice.[2]

PLANS

The British arrived in Germany with a number of plans. Influenced by military priorities and prevailing ideas of what the Germans were like, they assumed that functioning local and regional (and perhaps even central) German administrations, fully or near-fully staffed with experienced officials, would be taken over and supervised by the military government. For both practical and pedagogic reasons, work at all levels was to be done by the Germans themselves. For the sake of justice, as much as for military and economic expediency, the German population was not to benefit from imports which would raise their standard of living beyond that of their war-wrecked neighbours. These premises had specific consequences for public health operations. Health officers were given a twofold task: to ensure that basic health procedures and precautions were carried out by the Germans under their control, while at the same time implementing more fundamental parts of the Allied programme, including the denazification and demilitarization of the state bureaucracy.

The first of these tasks seemed simple enough. The reactivated German health organization would be responsible for the bulk of all public health work, and so

---

[1] TNA, FO 1050/46, 'The Year of Genesis', *British Zone Review: A Fortnightly Review of the Activities of the Control Commission for Germany (B.E.) and Military Government*, 1/8 (5 Jan. 1946), 1.

[2] TNA, FD 1/418, quoting Robert McCance, ALT. 'Interview with Professor R. A. McCance and Dr Elsie Widdowson', 27 Aug. 1947.

British health officers' input was going to be limited. 'Our job is to control them, not to do the work for them', W. H. Boucher (director of the British Control Commission's Public Health Branch) reminded his officers in January 1945.[3] They were to check that medical supplies were distributed evenly across the zone, to give warning of anything which might affect the health of the occupation army, and to advise military government on wider nutritional, sanitary, or housing problems.[4] The main principle, restated again in the latest handbook issued by SHAEF to the public health officers, was that '[a]ll actual furnishing of medical services should be by indigenous personnel'.[5]

The numbers of health officers in the British zone reflected the intention to institute a system of 'indirect control'.[6] The British team responsible for health among the German population in the British zone was very small: in July 1945 the British military government employed just thirty-three public health officers, eleven sanitary officers, and ten Royal Army Medical Corps (RAMC) officers for public health and sanitation work.[7] They were to supervise the reactivation of the health system for a population of well over 22 million people, among them millions of German refugees.[8] This was the smallest group among the four occupying powers, and contrasts with the otherwise comparatively vast British Control Commission machinery, initially bigger than any of its counterparts.[9]

---

[3] BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting convened by Chief, Public Health Branch, G5 Division, SHAEF, for discussion of military government public health plans and operations', 15–16 Jan. 1945, 15. On Boucher, see FO 1050/757, Lt. Gen. B. G. Horrocks (30 Corps District, BAOR) to PM Balfour, 12 Sept. 1945 and 'Welfare of Old Folk: Country Conference', *Durham County Advertiser*, 18 June 1948. He later became assistant secretary of the Ministry of Health and was member of the British delegation to the World Health Assembly in Mexico in 1955, see 'Medical Notes in Parliament', *British Medical Journal*, 30 Apr. 1955, 1104.

[4] TNA, FO 936/90, Deputy Commissioner ((Military), CCG(BE), Norfolk House) to the Under Secretary of State for War (DSD), War Office, 8 Sept. 1944. FO 371/46804, 'Report on the Achievement of Military Government in the British Zone up to date', Francis D. W. Brown (Political Division, CCG), 14 July 1945, printed 30 July 1945, forwarded by William Strang to Anthony Eden.

[5] SHAEF, Military Government of Germany, *Technical Manual for Public Health Officers* (Washington, 1945), cited in Wilfried Harding, 'Reorganisation of the Health Services in the British Zone of Germany', *The Lancet*, 254/6576 (10 Sept. 1949), 483.

[6] TNA, FO 936/90, Establishment Division, COGA to Public Health Branch on the proposed war establishment, 8 Sept. 1944. FO 936/90, C. H. Wilcox (Treasury Chambers) to H. C. Rayner (Enemy Branch), 21 Sept. 1944. The Public Health Branch, IA&C Division, CCG(BE) was responsible for health issues affecting the German population in the zone, whereas the Director of Medical Services, HQ BAOR was responsible for army and DP health. UNRRA teams assisted military government in the care of DPs, but did not get involved in German health care. TNA, FO 936/90, Chief of Staff, BAOR to HQ, Corps Districts, 31 Aug. 1945.

[7] FO 371/46804, 'Report on the Achievement of Military Government in the British Zone up to date', Francis D. W. Brown.

[8] Figure according to Oct. 1946 census of the German population by Ausschuß der deutschen Statistiker für die Volks- und Berufszählung 1946, *Volks- und Berufszählung vom 29. Oktober 1946* (Berlin, 1949), 2–6, cited in Michael Balfour, 'Four-Power Control in Germany, 1945–1946', in Michael Balfour and John Mair, *Four Power Control in Germany and Austria, 1945–1946* (Oxford, 1956), 191.

[9] There are competing and incomplete estimates of the sizes of the four military governments, but some rough comparisons are possible. A British document from Feb. 1946 stated that the 'total establishments of the Control Commission/Military Government (BE) now total some 35,000 British personnel and these continue to grow'. [NA, FO 1050/50, circular from Deputy Military Governor,

---

But in addition to supervising the existing public health machinery, health officers also had to implement other, more fundamental military government policies, particularly in relation to the denazification of German public life.[10] The *Handbook for Military Government* stated that '[u]nder no circumstance shall active Nazis or ardent sympathisers be retained in office for the purpose of administrative convenience or expediency'.[11] In the British as in the other zones, SHAEF's general denazification criteria and categories (set out in the early directives and confirmed at Potsdam), applied equally to German doctors.[12] Denazification was not only about the punishment of criminals, but also concerned the 'arrest and remov[al] into internment [of] those Nazis or militarists who are judged to constitute a threat to the security of the Allied Occupation Forces or Military Government'; military government had 'to dismiss or exclude from office and from any position of influence in Germany those other Nazis or militarists who, while not coming within the first category, had wilfully contributed to the maintenance in power of the Nazi regime'.[13] The most dangerous categories of individuals, particularly the higher ranks of the Nazi Party, were to be interned. All current holders of and future candidates for public posts were to be screened on the basis of questionnaires (*Fragebögen*) on their past activities.[14]

Research on war crimes and medical atrocities intensified when British investigators went to Germany to gather evidence on the nature of Nazi medicine. The more they and their American colleagues saw of what was left of the wartime research establishment, 'the more they became convinced of criminality and the sheer craziness of the Nazis'.[15] There was a widespread tendency to see Nazi medical

11 Feb. 1946]. Balfour estimated that the CCG(BE) establishment in 1946 totalled 25,813 people, compared to 12,000 personnel in American military government in Dec. 1945, which sank to 7,600 by Apr. 1946. In Dec. 1946, when demobilization had already reduced the sizes of both the British and American continents, the French still had 11,000 personnel engaged in military government; by late 1946, the French had the highest density of occupiers in western Germany (18 per 10,000 Germans), followed by the British (10 per 10,000), whereas the Americans only had 3 per 10,000. (Balfour, 'Four Power Control in Germany', 1026.) For the Soviet zone, Naimark states that in Nov. 1946 there were 49,887 members of SMAG, but this included a great number of soldiers, not counted in the other zones' estimates. He also states that by Jan. 1946, 12,992 people had been sent from the Soviet Union to the zone as cadres/specialists to work in military government. (See Norman Naimark, *The Russians in Germany: A History of the Soviet Zone of Occupation, 1945–1949* (Cambridge, Mass., 1997), 239.)

[10] TNA, FO 936/90, W. H. Boucher (Director, Health Branch, Norfolk House) to J. K. Donoghue (Civil Establishments), 26 Sept. 1944.

[11] Quoted by Scheele in BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting', 15–16 Jan. 1945, 15.

[12] TNA, FO 1013/636, draft of a circular, 29 May 1945, amended in July 1945, listed 5 categories: (a) mandatory arrest, (b) mandatory removal (both of which were to be effected automatically), (c) removal or arrest after evaluation of questionnaire and investigation, (d) suspension pending further investigation, (e) approved.

[13] TNA, FO 1050/46, 'The Year of Genesis', *British Zone Review*, 1/8 (5 Jan. 1946).

[14] Field Security and Counter-Intelligence units were responsible for investigating, arresting, and interning dangerous persons. Military government public safety officers were to scrutinize information provided in the questionnaires. In view of the pervasiveness of Nazi activism, competences for denazification could not rest with Germans at the beginning; only from spring 1946 onwards was some German advisory function allowed. German denazification tribunals eventually took over the vetting process.

[15] Paul Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (Basingstoke, 2004), 27.

research as separate from 'normal' German medical practice (a tendency which persists to this day), but their research began to demonstrate just how integrated the concentration camp research stations were in the wider networks of German state-sponsored medicine, and the extent to which leading members of the medical profession had exploited Nazi priorities to benefit their own careers.[16] These medical abuses were now to be punished.

The obvious war criminals were therefore only one problem. Nazis were to be weeded out from any public responsibilities, primarily on the basis of criteria such as length of their party membership and the ranks they had occupied within it. Membership from 1 April 1933 or earlier, uninterrupted and increasing salaries, and prospering careers were all considered as suspect.[17] 'There will be certain individuals who will be removed automatically,' health officers were told in preparation for their duties. 'Others will be removed as a matter of principle, because they hold particular offices.' In general, 'Military Government officers should look with suspicion on the chief health officers holding important posts at high levels. It is likely that the Party has appointed its staunchest supporters to these posts. Subordinate health officers at high levels and principal health officers in the smaller Stadtkreise [city districts], Landkreise [rural districts], and Gemeinden [parishes] are less likely to be ardent Nazis, but one can't be sure of this. Individual doctors will have to be considered separately.'[18]

Although the cleansing of the health service of former Nazi party members formed a major focus of preparations, the question of who was to replace those dismissed was only raised in passing. At the SHAEF conference of public health officers in January 1945, Lieutenant Colonel Scheele from the American Preventive Medicine Section argued that professional qualifications ought to be the main priority. 'When it becomes necessary to appoint new doctors as health officers', he said, it was 'highly desirable that the men chosen meet the standing German qualifications, namely (1) they should be doctors of medicine, (2) they should hold certificates showing that they have had special public health administrative training…, and (3) they should have been practicing for five years.' 'Obviously', he added, 'individuals will be appointed in many, possibly in most instances, who do not have those qualifications, but it will be worth trying to meet them whenever possible.'[19] Specific guidelines on appointments were promised, but never materialized.

This lack of guidance crippled all parts of the occupation machinery. The concept of 'indirect control' relied on the availability of German personnel, but criteria by which to assess the suitability of candidates remained vague.[20] At the SHAEF

[16]   Paul Weindling, 'Medicine and the Holocaust: The Case of Typhus', in Ilana Löwy (ed.), *Medicine and Change: Historical and Sociological Studies of Medical Innovation* (London, 1993), 447–64, at 455.
[17]   TNA, FO 1030/382, Second Army to Mil Gov 20 Corps Main, 28 May 1945, discussed the 'mandatory dismissal' category. A definite criterion was membership from or before 1 Apr. 1933, but it was unclear whether connections to the SA should also be included.
[18]   BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting', 15–16 Jan. 1945, 15.
[19]   BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting', 15–16 Jan. 1945, 16.
[20]   Balfour, 'Four-Power Control in Germany', 65.

conference in January 1945, Scheele complained that the terms of 'active Nazi' and 'ardent sympathiser' had not been clarified, and an 'objective method of classifying Nazi medical personnel' was needed.[21] Even the officials responsible for the screening process were confused about its criteria and exact purposes.[22]

What ideas on the selection of Germans did the British have at their disposal? Some were formulated by an influential group of army psychiatrists and psychologists, who were recruited as advisers to the British military authorities. Prominent among them was Henry Dicks, a psychiatrist based at the Tavistock Clinic and the British Directorate of Army Psychiatry.[23] In 1944 and 1945 he compiled a series of papers for the Control Commission, based on his work with German POWs. In these, Dicks provided a peculiar *psychological* assessment of the problem of Nazism and the selection of suitable candidates. The 'idea, in its original crude form', one paper explained, 'which was familiar to psychiatry at least since 1933, was that fascism is a mass psychosis; the particular problem, as it appeared in 1945, was how to prevent the recurrence of this psychosis in post-war Germany and to encourage a more healthy outlook'.[24] Given that adherence to Nazism was a psychiatric condition, issues such as the selection and denazification of Germans demanded psychological methods.[25]

Psychological insights, according to Dicks, were useful not just in the diagnosis of aberrations from the norm, but had a wider application—even in stable, democratic societies.[26] By 1945, the British military authorities were already familiar with the claim that psychological insights could aid British public life and administration. Against growing concerns about the mental fitness of British officers, one existing product of these psychological doctrines was the new War Office Selection Boards (WOSB), introduced in spring 1942, which supplemented the standard physical tests for the selection of army officers with psychological assessments.[27]

---

[21] BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting', 15–16 Jan. 1945, 15.

[22] TNA, FO 1050/336, 'Joint Public Safety weekly conference—extract from memoranda drawn up by the Director, Public Safety Branch, U.S.Group C.C. for consideration at the first meeting to be held on 22 Jan. 1945, at Flat 107, Ashley Gardens', Lt. Col. I. H. T. Baldwin, SOI, 20 Jan. 1945. FO 1050/336, Public Safety Branch to Chiefs of Divisions of the Control Commission for Germany (British Element), Subject 'removal and appointment of German officials', 17 Jan. 1945.

[23] Henry V. Dicks, *Fifty Years of the Tavistock Clinic* (London, 1970). Henry V. Dicks, 'Personality Traits and National Socialist Ideology: A War-time Study of German Prisoners of War', *Human Relations*, 3/2 (1950), 111–54. Henry V. Dicks, *Licensed Mass Murder: A Socio-Psychological Study of Some SS Killers* (New York, 1972). After the war he worked on the psychology of international relations, see e.g. UNESCO, Documents and Publications, SEM/SEC.II/3/ED, 'Personality development in relation to international understanding—lecture given by Dr Henry V. Dicks, University of Leeds at the Summer Seminar on Education for International Understanding, Sèvres, France', 25 Aug. 1947.

[24] TNA, FO 1032/1464, 'The German Personnel Research Branch: A Brief Historical Sketch and Summary of Findings', 31 Dec. 1946.

[25] WA, GC/135/B1, H. V. Dicks, 'National Socialism as a Psychological Problem', Jan. 1945.

[26] TNA, FO 1032/1464, Lt. Col. H. V. Dicks, 'Selection and re-education of German Prisoners of War', sent to Air Commodore Groves (PWE) and Sir Desmond Morton (Director of Army Psychiatry), 10 Feb. 1945, 1.

[27] Jeremy A. Crang, 'The British Army as a Social Institution, 1939–1945', in Hew Strachan (ed.), *The British Army: Manpower and Society into the Twenty-First Century* (London, 2000), 20. F. H. Vinden, 'The Introduction of War Office Selection Boards in the British Army: A Personal Recollection', in Brian Bond and Ian Roy (eds.), *War and Society: A Yearbook of Military History*, ii (London, 1977), 119–28. Philip Vernon

---

Each board included military testing officers, a psychiatrist, and a psychologist; the latter were recruited from the Tavistock Clinic, which dominated British army psychiatry during and after the war.[28] One element of the new selection process was the 'leaderless group task', formulated by the psychiatrist Wilfred Bion: the group of candidates were given a practical task (such as building a bridge), enabling observers to assess their interactions with each other and their attempts to organize or guide the group.[29] The boards were credited with introducing a more meritocratic and democratic system of selection (not least since those attending them were required to conceal their rank), and with improving efficiency.[30] Under pressure from the Foreign Office and Treasury, the Civil Service Selection Boards also adopted similar procedures.[31]

And now these procedures could be adapted to assist the occupiers. The recommendations by Dicks and others had important implications for British procedure in Germany. Dicks insisted that Nazis were to be removed from administrative and responsible positions, since the 'influence of such individuals approximates in importance to that of a magnet in a field [of] iron fillings'.[32] This was hardly contentious. But he warned against simply replacing them with self-declared 'anti-Nazis' or 'non-Nazis'. Anti-Nazis—whether the émigrés who lobbied the Foreign Office for support, or social democrats and liberals still in Germany—were to be approached only with caution.[33] Regardless of political allegiance, Dicks argued, many Germans were fundamentally totalitarian in their character and psychological make-up, and therefore even 'the men diagnosed as non-Nazi types' often shared 'some of the characteristic shortcomings (from an Allied point of view) of the national psychology'.[34] Dicks restated later that '*not all who are anti-Nazi are*

and John Parry, *Personnel Selection in the British Forces* (London, 1949). Many thanks to Nafsika Thalassis for background on the selection boards, which she has dealt with in her PhD thesis, 'Treating and Preventing Trauma: British Military Psychiatry during the Second World War', University of Salford, 2004.

[28]   Other Tavistock men who advised the British Army and/or occupation forces included Brigadier John Rawlings Rees (who assessed Rudolf Hess's capability of standing trial for war crimes), Ronald Hargreaves (assistant director of Army Psychiatry), Wilfred Bion, and Roger Money-Kyrle. See Roger Money-Kyrle, *Psychoanalysis and Politics: A Contribution to the Psychology of Politics and Morals* (London, 1951). Roger Money-Kyrle, 'The Development of War', *British Journal of Medical Psychology*, 17 (1937), 219–36. John R. Rees and Henry Victor Dicks, *The Case of Rudolf Hess: A Problem in Diagnosis and Forensic Psychiatry* (London, 1947). J. R. Rees, *The Shaping of Psychiatry by War* (London, 1945). W. R. Bion, 'The War of Nerves', in E. Miller and H. Crichton-Miller (eds.), *The Neuroses in War* (London, 1940), 180–200. W. R. Bion, 'Psychiatry in a Time of Crisis', *British Journal of Medical Psychology*, 21 (1948).

[29]   Gérard Bléandonu, *Wilfred Bion: His Life and Works, 1897–1979* (London, 1994), 54–9. Wilfred Bion, 'The Leaderless Group Project', *Bulletin of the Menninger Clinic*, 10 (May 1946), 77. Also see Wilfred Bion, *All My Sins Remembered: Another Part of a Life, and the Other Side of Genius* (Abingdon, 1985).

[30]   Jeremy A. Crang, 'The British Army as a Social Institution, 1939–1945', in Hew Strachan (ed.), *The British Army: Manpower and Society into the Twenty-First Century* (London, 2000), 21.

[31]   Richard A. Chapman, *The Civil Service Commission, 1988–1991: A Bureau Biography* (London, 2004), 53 f.

[32]   TNA, FO 1032/1464, H. V. Dicks, 'Memorandum on the applications of social psychology to the needs of the control commission', 9 June 1945.

[33]   WA, GC/135/B1, Lieut.-Colonel H. V. Dicks, War Office (DA Psych.), 'German political attitudes: an analysis and forecast of likely reactions confronting the Allies in occupied Germany', Oct. 1944.

[34]   TNA, FO 1032/1464, H. V. Dicks, 'An experimental establishment for selection and re-education of Germans', 24 Feb. 1945.

also non-authoritarian. In other words, it is quite possible that new teachers, judges, administrators will—however sincere their anti-Nazism—nevertheless be so saturated with certain undesirable German characteristics that in the end authoritarianism will again flourish as the expression of German institutional life.'[35]

The problem of selecting Germans was therefore 'not one of discovering opinions held, but of assaying character and fitness to be a bearer of new responsibilities'.[36] Psychological rather than political criteria had to guide the German appointments. The challenge was not going to be one of identifying the 'obvious, 100 per cent Nazis', since '[a]ny experienced interrogator could spot these'.[37] But while 'the fascist, Nazi sort of man' could be easily identified, there were 'a large number of intermediary types—the great majority—whom one cannot classify as falling clearly into a Nazi or non-Nazi character group, irrespective of their political ideology. Some anti-Nazis have nearly all the traits of Nazis except their political allegiance, and some Nazis do not fit their ideological classification in psychological terms.'[38] Only psychological tests could assess whether individuals 'can live together, can create social order, and what kind of order, spontaneously, in however, humble a sphere. What tone will they set? The proof of their anti-Nazi pudding is in the eating, the action.'[39] In sum, a psychologically oriented method, Dicks and others maintained, 'could bypass the opportunists, ingratiating pretences of friendliness and anti-Nazi professions of various unknown, unlabelled persons. By the use of special tests we can distinguish the marks of the fascist, authoritarian type from his opposite without his being aware that he is disclosing his deeper attitudes.'[40] In appointments to the public health system, too, neither political orientation nor practical qualifications could take precedence over an acceptable psychological make-up.

These ideas characterized some of the occupation staff's initial assumptions, and became an explicit element of the British Control Commission in Germany. Occupation officials were to conduct psychological vetting with the assistance of the newly founded German Personnel Research Branch (GPRB), established in February 1945, initially under the aegis of the Public Health Branch.[41] Henry Dicks was loaned by the Directorate of Army Psychology to be the unit's main adviser.[42]

---

[35] TNA, FO 1039/129, 'German Personnel Research Branch, Assessment Centres', 8 Feb. 1946.

[36] TNA, FO 1032/1464, H. V. Dicks, 'Selection and re-education of German prisoners of war', 10 Feb. 1945.

[37] TNA, FO 1032/1464, H. V. Dicks, 'Selection and re-education of German prisoners of war', 10 Feb. 1945.

[38] TNA, FO 1032/1464, H. V. Dicks, 'An experimental establishment for selection and re-education of Germans', 24 Feb. 1945.

[39] TNA, FO 1032/1464, H. V. Dicks, 'Selection and re-education of German prisoners of war', 10 Feb. 1945.

[40] TNA, FO 1032/1464, H. V. Dicks, 'Memorandum on the applications of social psychology to the needs of the control commission', 9 June 1945.

[41] TNA, FO 936/90, Deputy Commissioner (Military) to Under Secretary of State for War, the War Office, 20 Feb. 1945, Subject: 'Public Health Branch, IA&C Div, War Establishment'. On Treasury approval for the GPRB, see FO 936/90, Aynsley to Winnifrith, 25 Feb. 1945.

[42] TNA, FO 1032/1464, IA&C Division memorandum 'German Personnel Research Section', 14 June 1945; Commissioner's Office (Norfolk House) to Assistant Military Governor, 16 June

While still in Britain, the GPRB prepared a psychological testing procedure to be used in Germany. On the basis of the War Office and Civil Service Selection Boards, it was to organize selection boards throughout the British zone, aimed at detecting German psychological shortcomings. In February 1945 work was delayed by several months because of Dicks's illness.[43] In June 1945, however, the GPRB was enlarged to include more experimental testing staff, and it devised methods of grading German psychological traits on the basis of tests conducted among German POWs.[44]

The GPRB moved to Germany in the autumn of 1945, where it was housed with the Intelligence Division in British zone headquarters. Its main task was 'to select for key positions in the German civil service, such Germans as are reasonably free of psychological authoritarianism, so that the new departments in law, education, police, finance etc. shall not again be moulded by "Fuehrers" of an undemocratic type'.[45] Its first task was to test inmates of the Ministerial Collecting Centre near Kassel, an internment camp for high-ranking Nazis. Dicks had high hopes for an enlargement of the GPRB to enable it 'to "vet" all German candidates for the principal appointments in the new German structure, e.g. in the Legal, Educational and high level Administrative organisations'.[46] Tests were designed to give each German an 'employability rating', measuring 'the degree to which a candidate possesses undesirable mental or moral qualities which are connected with Nazism or German nationalism (such as overbearing behaviour, militarism, aggressiveness, over-emphasis on discipline and submissiveness)'.[47] Under the guidance of GPRB, the British selection of Germans was to be overseen by a series of 'assessment centres' dotted throughout the British zone.[48] One such centre seems to have been in operation by mid-September 1945, and more were planned.[49]

However, this approach, while influential, never represented a consensus of opinion. Rival proposals on the selection of Germans included a Foreign Office Research Department (FORD) paper from December 1943, which stated that

---

1945. The GPRB's Controller General was Wing Commander Oscar A. Oeser (RAF), who took a chair in psychology in Melbourne in 1946 (where the Psychology Department had a strong tradition in social psychology), see Alan Barcan, *Sociological Theory and Educational Reality: Education and Society in Australia Since 1949* (New South Wales, 1993). Other GPRB members included Geoffrey Gorer, Colonel Richard Rendel, Major W. Gumbel, and Major A. N. Brangham.

[43] TNA, FO 1032/533, HQ (IA&C Division, Ashley Gardens) to Public Health Branch, 27 Apr. 1945.

[44] TNA, FO 936/90, Deputy Military Governor, (CCG(BE), Norfolk House) to Under Secretary of State for War (War Office), 16 June 1945.

[45] TNA, FO 1032/1464, A. H. Albu (Deputy President of the Governmental Sub-Commission, Office of the Deputy Military Governor, CCG(BE), Adv HQ, Berlin) to Lt. Gen. Sir Brian Robertson (Deputy Military Governor).

[46] TNA, FO 1032/1464, Major General Lethbridge (MGI, Intelligence Group, CCG(BE)) to Chief of Staff (British Zone), 6 Sept. 1945.

[47] TNA, FO 1039/129, 'Assessment Centres', 8 Feb. 1946, and extended version in FO 1032/1464, 19 June 1946, sent by Controller General (GPRB, Bad Oeynhausen), to A. H. Albu, (Governmental Sub-commission, HQ, CCG(BE), Berlin).

[48] TNA, FO 1039/129, 'Assessment Centres', 8 Feb. 1946.

[49] TNA, FO 1032/1464, Private Office of the Chief of Staff, British zone (Adv HQ, CCG(BE), Berlin), to MGI, 11 Sep. 1945. FO 1065/11, Lt. Col. GS, 12 Oct. 1945.

'natural leaders of the community' should be appointed, and that it would be 'necessary to allow many public servants to remain in office, since it would be impossible to replace them'.[50] Some British officials argued that the criterion of 'functional suitability' (i.e. the ability to do the job) was at least as important as 'the special security aspect' and the 'extent of Nazi affiliations'.[51] A 'system of vetting' had to be evolved, they insisted, 'which would permit the normal life in the country, and therefore of Government, to continue without serious or prolonged interruption'.[52] There was an implicit but widely held assumption that the British occupiers had to impart democratic methods and practices to the Germans, and to put in place a democratically oriented system of administration and government. But even these statements assumed that the denazification and the restaffing of the German authorities could proceed more or less in tandem, and that a thorough denazification was not only necessary, but also possible to achieve. Although the army psychiatrists never represented a majority opinion, they articulated sentiments which were crucial to the initial British approach, in the realm of health as elsewhere. Since even antifascist Germans were not free from totalitarian traits and their claims could not be taken at face value, British soldiers entered Germany with the idea that there were no obviously trustworthy Germans on whom they could rely.

COMPROMISES

Things turned out rather differently. After some initial enthusiasm, Dicks's proposals, and even the more general guidelines, were discarded. The conditions encountered by British detachments making their way into Germany were quite unexpected. Hitler's scorched-earth policy had left its traces, and the Allied bombing raids had caused serious destruction. In an *Observer* feature in early April 1945, George Orwell noted that '[a]s the advance into Germany continues and more and more of the devastation wrought by the Allied bombing planes is laid bare there are three comments that almost every observer finds himself making. The first is: "The people at home have no conception of this." The second is: "It's a miracle that they've gone on fighting." And the third is: "Just think of the work of building this all up again!" '[53]

First impressions suggested that conditions were dire. Large parts of cities and towns had been destroyed, and populations lived in cellars and bomb shelters.[54] Railways were not running, bridges were destroyed, roads were unusable. In many

---

[50] TNA, FO 371/39116, 'Some Aspects of the Post-War Administration of Germany', FORD, 30 Dec. 1943.

[51] TNA, FO 1050/336, lecture on vetting of legal personnel by Colonel G. H. R. Halland, 27 Jan. 1945.

[52] TNA, FO 1050/336, meeting held in DIG, C&D Sections Office, 24 Jan. 1945, on the subject of the vetting and purging of German officials.

[53] George Orwell, 'Future of a Ruined Germany: Rural Slum Cannot Help Europe', *Observer*, 8 Apr. 1945, in: *Orwell: The Observer Years* (London, 2003), 40.

[54] W. G. Sebald's essay 'Air War and Literature: Zürich Lectures', in W. G. Sebald, *On the Natural History of Destruction* (1999; London, 2003).

areas there were no working telephone connections, no post, no fuel for cars or buildings, and local communities were isolated and uninformed. Central and most regional government had dissolved and the administrators had fled or disappeared; only atomized clusters of local administration remained. Basic amenities had stopped working. Stocks of food, medical materials, and drugs were being looted and in ever-shorter supply. Industrial production had almost completely stopped. Sewers had burst, corpses were rotting in rivers and on the streets, the main water pipes were broken, and many places did not have any supply of unpolluted drinking water. The food problem soon crystallized as particularly urgent. The British relief worker Francesca Wilson observed that food shortages entailed a series of critical medical problems: '[i]t must never be forgotten', she wrote in a 1945 manual on relief work in post-war Europe, 'that a famine of food involves a famine of everything else. The typhus-carrying body louse flourishes in famine areas because where there is no food there is also no soap and often a scarcity of fuel for heating water.'[55] Germany now formed a potent breeding ground for epidemics.

These conditions were worsened by the enormous population movements at the end of the war. The geographer Malcolm Proudfoot, a lieutenant colonel in charge of SHAEF's refugee department in Germany, estimated that over 60 million Europeans had been involuntarily moved from their homes during the war or immediate post-war period.[56] More recently, Mark Mazower calculated that between 1939 and 1948 in Eastern and Central Europe alone some 46 million people were uprooted through flight, evacuation, resettlement, or deportation.[57] Germany was geographically and politically central to these movements: disbanded soldiers and prisoners of war, city inhabitants evacuated to rural areas, ethnic Germans expelled from their homes in Eastern Europe, liberated slave labourers, and concentration camp inmates; all now tried to return home, settle somewhere new, or wandered the countryside aimlessly. The realization dawned that simply keeping the ex-enemy population alive from day to day was going to be a major task. A *Sunday Times* editorial from 6 May 1945 noted that 'the civilian problems in Germany are going to be far harder than was expected a year ago, owing to the disappearance of almost every landmark in German life'. Whereas unconquered parts 'had to be harried and ravaged, their railways crippled and their bridges destroyed', in the newly occupied areas everything had to be quickly repaired and rebuilt.[58]

Apart from shocking destruction, the Germans themselves turned out not to be quite as expected. 'Propaganda, and especially their own propaganda, has taught us to think of them as tall, blond and arrogant', Orwell wrote. But in Germany he actually saw 'smallish, dark-haired people, obviously of the same racial stock as the

---

[55] Francesca Wilson, *Advice to Relief Workers* (London, 1945), 14.

[56] See Chauncy D. Harris and Gabriele Walker, 'The Refugee Problem of Germany', *Economic Geography*, 29/1 (Jan. 1953), 10. Malcolm Proudfoot, *European Refugees, 1939–1952: A Study in Forced Population Movements* (Evanston, Ill., 1956). Also see Proudfoot's 'Liaison notes' in TNA, FO 1052/302, Director of DP Branch to HQ, Combined Displaced Persons Executive (CDPX), BAOR, 1 Sept. 1945.

[57] Mark Mazower, *Dark Continent: Europe's Twentieth Century* (London, 1998), 217.

[58] BAK, Z45F, 44-45/1/7, 'What Next?', *The Sunday Times*, Sunday 6 May 1945.

Belgians across the border, and in no way extraordinary'.[59] The British army doctor D. A. Spencer was surprised that although 'liberated' and 'ex-enemy' civilians had always been talked about in very different terms, '[i]t was very difficult to tell the difference between a German refugee and a Polish refugee in the part of Germany that I was located in. I didn't know which was which.'[60] In addition (and the fraternization ban notwithstanding), troops soon discovered that German women appeared to be 'just as amenable to their charms as the women of France, Belgium and Holland . . . Like the women of the liberated countries they soon realised the economic worth of the liberators, reckoning on the men being a source of real coffee and cigarettes.'[61]

Different detachments often had very different experiences which coloured their outlook. Michael Rowntree, who ran the Friends Ambulance Units (FAU) from the British zone's headquarters, remembered that '[s]ome of the [FAU] teams had some very horrendous times dealing with the concentration camp inmates and the results of the concentration camps, and I can't help thinking that their views of Germans must have been somewhat different from those of us who perhaps hadn't seen quite so much of that active horror and evil'.[62] Whereas those involved in the liberation of concentration camps had their worst expectations of German behaviour exceeded, those without such experiences were often quite optimistic. Colonel Gibson, deputy commander of the military government in the British zone's Westphalia district, thought that 'they really were very nice people. I knew the Germans quite well, in that I had studied German at school, and I had lived in Germany *en famille* and attended a German grammar school for a term when I was about 17. So, there is no doubt they are Prussian in outlook and conduct, but on the whole, they by now had realised that they had definitely been taken for a ride by Hitler and they were very sorry for themselves.'[63] With so many different kinds of people to be organized, the army often found German civilians among the easiest to deal with. The anticipated Werwolf resistance did not happen, and many Nazi leaders had run away, committed suicide, or gone into hiding by the time the Allies arrived. So, although the arrest of serious Nazi activists and troublemakers had been listed as one of the first and most urgent British tasks, active Nazis 'proved in the formal sense to be no problem at all'—they 'did not stay behind to be "eradicated" by the Allies; they scarcely waited to be turned out by their fellow countrymen; they simply melted away'.[64]

The British military authorities argued that much more urgent was the need to impose control on the gangs of displaced persons (DPs) roaming the country.

---

[59] George Orwell, 'Creating Order out of Cologne Chaos: Water Supplied from Carts', *The Observer*, 25 Mar. 1945, in *Orwell: The Observer Years*, 39.

[60] IWM Sound Archive, 2993/3, interview with D. A. Spencer, recorded by Thames TV in 1972.

[61] Sean Longdon, *To the Victor the Spoils: D-Day to VE-Day, the Reality Behind the Heroism* (London, 2004), 93.

[62] IWM Sound Archive, 10883/8, interview with Michael Rowntree (born 16 Feb. 1919), recorded by IWM on 7 Aug. 1989.

[63] IWM Sound Archive, 12183/22, interview with Leonard Gibson (born 4 Dec. 1911), recorded by IWM in 1991.

[64] Balfour, 'Four-Power Control in Germany', 65.

These were primarily Polish, Russian, and Baltic former slave labourers and foreign workers who, so countless British reports described, were out for revenge—shooting their former masters, ransacking food stores and farms, breaking into houses, killing policemen who tried to intervene.[65] Even if it was not part of the British brief to protect Germans from such attacks, the importance of preventing DPs from causing havoc and using up scarce supplies was quickly recognized. Local Germans were often unexpected, but obvious, allies. The military authorities' dislike of DPs amplified their sympathy with the seemingly much more civilized local population.[66]

An unexpectedly urgent problem which detracted attention from German civilians was army discipline. In the last days of the war, discipline in many commands had broken down. The officer in charge of 503 Military Government Detachment despaired not just about DPs, but also about the 'ill discipline of troops and total disregard of all notices placing a room or building out of bounds'. Soldiers had broken into the telephone exchange, post office, and police station, he reported, and left a trail of broken property behind.[67] Colonel Gibson remembered, in disparaging terms, that 'the military government had been infiltrated with the most low-down variety of army rubbish. And they all had to be sorted out, they were misbehaving there in Germany and not thinking much about their job, just thinking about how much they could get out of it. They were more or less looting, and behaving with the German secretary girls . . . and so we had an awful job getting all this sorted out.'[68] By contrast to DPs and drunken soldiers running wild, German civilians often made pleasant first impressions on the occupation staff.

In this context, the wartime plans had become inappropriate in a number of ways. The stark distinction between Allied operations in liberated and in ex-enemy territory seemed to be unhelpful and unrealistic to soldiers on the ground. As they moved from France and Holland into Germany, they found that little in their work changed. Troops encountered similar kinds of confusion and disorganization in the villages and towns on either side of the borders, and deployed similar practices and procedures. They appointed mayors and charged them with assembling teams to ensure that basic functions—police and public safety, repair of buildings, sanitation, quarantine—were carried out.[69] Doctors were appointed, generally on the new mayor's recommendation, to take charge of health matters. Overall, 'knowledge of local conditions', 'willingness to assist Mil. Gov', familiarity with the job, good standing in the community, or, often, the simple lack of anyone else available, were the major factors in these selections.[70] Because of their 'professional standing', doctors, along with teachers and priests, were also popular choices for general administrative duties.[71]

---

[65] For anecdotes on the British army's encounter of DPs, see Longdon, *To the Victor the Spoils*, e.g. 88.
[66] On British and American views of DPs from Eastern Europe, see Paul Weindling, *Epidemics and Genocide in Eastern Europe, 1890–1945* (Oxford, 2000), 396–7.
[67] TNA, FO 1030/382, 503 Mil Gov Det to 30 Corps Main Mil Gov, 18 Mar. 1945.
[68] IWM Sound Archive, 12183/22, interview with Leonard Gibson.
[69] TNA, FO 1030/382, 503 Mil Gov Det to Mil Gov 30 Corps, 7 Mar. 1945.
[70] TNA, FO 1030/382, 213 Mil Gov Det to Mil Gov 30 Corps Main HQ, 11 Mar. 1945.
[71] TNA, FO 1030/382, list of recent appointments, sent by OC 213 Mil Gov Det to Mil Gov 2 Cdn Corps, 10 Mar. 1945.

In these early days, British detachments on the ground often decided that it was 'better to appoint a party member who is a good organiser and check his activities, than to appoint a non party member who has to be supervised and almost carried in order that some semblance of order can be restored. An incompetent Burgomaster is obviously worse than having no official at all.'[72] While Field Security did, as planned, conduct basic screenings, this usually happened after the appointments had been made. The files document the chaotic nature of these arrangements: basic information on the officials appointed (accompanied by their questionnaires and generally glowing testimonials from other locals) was sent to headquarters, and from there to Field Security, who checked the names against mandatory dismissal lists, card indices, and whatever other records were to hand. This slow process only improved marginally after May 1945, and continued to suffer from tensions between the public safety officers (responsible for the evaluation of questionnaires) and those who made, confirmed, and approved selections. By the summer of 1945, higher municipal officials were also appointed in this manner.

On occasion, there were some mild echoes of the manuals on how to handle the Germans. 'This Det. made everyone realise at the outset that the British came as CONQUERORS and that as conquerors our orders had to receive implicit obedience', wrote one commander.[73] Another one recommended 'a firm, just and uncompromising attitude', but added that this should be 'combined with reasonable attention to the requirements and welfare of the people'.[74] Despite such professed views, detachments everywhere protested when, after media reports on the British liberation of Bergen-Belsen, the guidelines were to be restricted even further. An army directive on 21 April 1945 instructed: 'Brit[ish] Press already very sensitive about retention in any official capacity of any members of Nazi Party. Belsen atrocities certain to accentuate tense attitude. Political antecedents of any person recommended for civil adm[inistration] appointments will be scrutinised closely. No repeat no person actively connected with Nazi Party or who held any office in Nazi Party or who was a member before 1 April 33 is eligible for office in civ adm[inistration] incl[uding] police.'[75]

Detachments resented these calls for blanket dismissals, since they made their own jobs so much harder. They argued for a more practical and flexible approach to former Nazi Party membership, taking into account individual cases and local circumstances. Former 'inactive' Nazis and 'harmless types' should be utilized, one major wrote—especially when they were otherwise 'cooperative, willing, and to my mind, a member of the Nazi Party by compulsion and not choice'. 'The difficulty at the moment', wrote another major, 'is the production of a substitute without introducing a certain amount of chaos'.[76] This argument was not always

---

[72] TNA, FO 1030/382, OC 222 Det Mil Gov to Mil Gov 30 Corps Main HQ, 14 Mar. 1945.
[73] TNA, FO 1030/382, 213 Mil Gov Det to 30 Corps Main, 11 Mar. 1945.
[74] TNA, FO 1030/382, 214 Mil Gov Det to HQ 30 Corps, 18 Mar. 1945.
[75] TNA, FO 1030/382, Main Second Army to 1 Corps Main 8, Corps, Rear 12 Corps, Main 30 Corps, 21 Apr. 1945. See also follow-up telegram from Main Second Army, 24 Apr. 1945.
[76] TNA, FO 1030/382, 611 L/R Det Mil Gov to 30 Corps Main HQ, 16 May 1945. 505 Mil Gov Det to Mil Gov 30 Corps Rear, 24 May 1945.

appreciated by the higher levels of military government, let alone in Whitehall. 'It would appear that [the operating commander of] 803 Det[achment] may not be adopting a sufficiently strong attitude towards German officials', complained one brigadier.[77] And a British corps commander told William Strang (political adviser to Field Marshall Montgomery, the British commander-in-chief) later that 'if our Military Government officials had a fault, it was that some of them were so keen on getting their areas into working order that they tended to forget that the people they were dealing with were *Germans*'.[78]

It was not just local detachments who argued that the rules had to be bent or abandoned. For health officers, the prescribed reliance on existing German authorities proved quite impracticable. Wilfried Harding, a British public health officer of German origin, now stationed in the Ruhr district, remembered that when the British arrived and began to organize health operations, 'they almost always found that the [German] public-health staff, along with most other public servants, had abandoned their posts, and that there was no "established health organisation to be utilised". Some local doctor might be told to act as an emergency public-health executive and to coordinate the local medical services. But the reorganisation of a proper public-health organisation had generally to start from scratch.'[79] The directives' limitation that any work was to be solely based upon German resources and personnel proved unworkable; it seemed absurd amidst the rubble and ruins. There was no functioning German health service, and the extent of chaos and destruction demanded much greater involvement in health operations than had been anticipated and prepared for.

Health officers focused initially on the containment of infectious diseases, and the isolation or removal of the sources of infection. But even after their initial measures, the situation continued to be grave. Far from having to put a ceiling on the German standard of living, they found that additional work and resources would have to be invested to prevent it from crashing any further. '[A]lthough there is all-round determination not to pamper the Germans', an *Observer* article noted, 'it is clear that food and labour conditions must nowhere be allowed to fall below a standard which might result in epidemics or unrest.'[80] Even proceeding within the limited terms of 'preventing disease and unrest'—the mantra of the SHAEF handbooks—demanded substantial effort and resources. In this context, British public health officers were particularly effective in formulating an authoritative and persuasive argument on the need for a pragmatic disregard of prepared approaches. Otherwise, they argued, catastrophes would inevitably follow, affecting the occupation troops as much as Germans, and damaging the occupiers'

---

[77] TNA, FO 1030/382, Second Army Main HQ to 30 Corps Main, 5 May 1945.

[78] William Strang, *Home and Abroad: An Autobiography* (London, 1956), 234.

[79] Wilfried Harding, 'Reorganisation of the Health Services'. Harding (Hoffmann) was born in Berlin in 1915; he left Germany in 1933 to go to a Quaker school in Birmingham. He worked for the British military government 1947–8. See WA, 1828V, The Royal College of Physicians and Oxford Brookes University, Wellcome Medical Sciences Video Archives, 'Dr Wilfried Harding CBE in interview with Max Blythe', 27 Apr. 1990.

[80] BAK, Z45F, 44-45/1/7, 'Generals ready to run Germany', *Observer*, Sunday 6 May 1945.

international reputations. Health staffs also argued that while the protection of Allied troops stationed in Germany obviously was a major priority and demanded health operations in its own right, unsettled, bored, starving, or sick Germans themselves could only harm British and Allied interests. This health argument lasted through the first occupation years, long outliving the initial days of chaos.

At the start, demands were focused specifically on a campaign to prevent epidemics and other health crises in the winter of 1945–6. Health officers and survey teams were sent 'into the field' to learn about 'the magnitude of the problems to be tackled' and to compile plans for the autumn and winter months.[81] They recorded incidence rates of diseases and monitored them for increases or fluctuations. Based on the resulting estimates of what shape epidemics would take, quotas were set for hospital beds to be made available for civilian use in each region. Emergency hospital accommodation had to be found and made habitable. The 'winter emergency programme' also focused on the mobilization of medical supplies, which health officers saw as particularly problematic, even after taking over Wehrmacht and other stores, and earmarking stockpiles of basic drugs, vaccines, and sera for emergency use.[82] There just did not seem to be enough of anything. In reports to their superiors in Germany and in London, British health officers argued that imports would have to be contemplated, at the very least in the event of an epidemic.[83] In response, the War Office released some equipment from British army resources (stretchers, palliasses, blankets) and stored it for emergency use, but even this additional supply was often adequate only for cursory demands.[84]

This public health-led call for winter mobilization was taken up and adapted by many sections of the military government apparatus. Under the guise of this quite specific programme for epidemic work, many began to argue that only a far-reaching reconstruction of Germany could prevent health disasters. Although '[s]ound medical organisation, including carefully devised emergency arrangements, can do much to limit the spread of serious disease and to mitigate its effects', one report stated, 'it must be emphasised that the only effective bulwark against real disaster in the field of public health would be a speedy and substantial improvement of food supplies and the energetic pursuit of a policy of alleviating the deplorable housing conditions prevailing in big centres of population. Without the basic safeguards of health, the doctor, the nurse and all others engaged in the health services, however thorough their plans, will be fighting a battle against overwhelming odds.'[85] 'A substantial improvement' in German conditions was presented as strictly

---

[81] TNA, FO 1050/757, Miss Lawson (714 (P) Mil Gov Det) to W. H. Boucher, 19 Aug. 1945; HQ, IA&C Division, CCG(BE), Lübbecke to Director Public Health Branch, 22 Aug. 1945.

[82] TNA, FO 1050/757, 'Minutes of meeting on planning for winter epidemics', held in Lübbecke on 29 Aug. 1945.

[83] TNA, FO 1050/757, draft 'Plan for dealing with major epidemics', [8 Sept. 1945], released as 'Military Government Instruction on Winter Epidemics' on 17 Sept. 1945.

[84] TNA, FO 1050/757, Commander-in-Chief Field Marshall Montgomery to the Undersecretary of State, War Office, Subject: plan in case of major epidemics in Germany, 4 Sept. 1945.

[85] TNA, FO 1050/757, draft 'Plan for dealing with major epidemics', [8 Sept. 1945].

in the 'medical interest'—and, it was stated elsewhere, 'necessary for the protection of Allied troops' and 'essential to the public health and to good order in Germany'.[86]

These arguments could also easily be turned on their head. Not only was the reconstruction of Germany vital for preventing health crises (and for reducing the cost of the occupation to British authorities and taxpayers), but poor public health could harm programmes for the reconstruction and democratization of Germany. In a directive from August 1945, Field Marshall Montgomery noted that 'unsettled living conditions' (of which poor public health was a central, but on this occasion implicit, component) presented 'much fertile soil for the seeds of trouble'. The 'German people have had National Socialism and Nazi doctrine pumped into them for many years', and as a result there were 'few ordinary Germans alive who are used to thinking for themselves'. It was crucial that Germans learnt about democratic methods and concepts. 'Democracy on the widest possible basis requires that every man and woman should think for themselves and should be taught and encouraged to understand that everything in their local and national life concerns them vitally and that they and each of them are responsible for their governments at each successive step upwards.' But, and this was the crux, this was doomed to failure if the Germans were 'apprehensive about food, about housing and about the general unsettled conditions'. Living conditions were vitally important, since '[i]dleness, boredom and fear of the future are the best allies of Nazism past and present'.[87]

Apart from supply questions and bed targets, which took up much of the health officers' time, the problem of medical personnel (both German and British) was ever present. Newly appointed German mayors and local health officers were instructed to keep trained nurses ready for urgent epidemic work. Local German medical organizations were enlisted to help in case of emergency.[88] Epidemic urgency was used as a persuasive reason to relax the restrictions on the use of formerly active members of the NSDAP. The winter programme was also used to justify changes in the British health organization in Germany. 'The existing Public Health Establishment was based on the assumption that the Internal Affairs and Communications Division would control the German Ministry of the Interior,' the Public Health Branch wrote to the British Treasury in autumn 1945, but '[t]he latter Ministry did not exist at the end of the war and, due to this and the fusion of Control Commission with Military Government, the duties of Public Health Branch have increased.'[89] That alone made the set-up inadequate for effective epidemic work, but problems did not end there. The establishment of (by then) thirty-four medical officers was 'pretty exiguous, as you can well appreciate', wrote

---

[86] See arguments used in TNA, FO 1050/737, United States Proposal for the Allied Health Committee, 'Measures for the Control of Narcotic Drugs in Germany', 3 Dec. 1945.

[87] TNA, FO 1030/387, Directive from Commander in Chief, 'Administration, Local and Regional Government and the Public Services', [23] Aug. 1945.

[88] TNA, FO 1050/757, Col. D. W. Beamish (Public Health, HQ Mil Gov, Hanover Region) to the Public Health Officers at 117, 120, 504, 604, 611, 613, 821, 914 L/R Det. Mil Gov, Aug. 1945, Subject: preparations to meet winter epidemics.

[89] TNA, FO 936/90, 'New establishment for CCG(BE), Public Health Branch', 15 Oct. 1945.

Boucher to the Ministry of Health in September, 'but fortunately at the moment all the posts are filled. Between December and May, however, it looks as though we may lose no fewer than 20 of the present strength through demobilisation, or on the termination of the period of engagement of those who volunteered for 12 month service.'[90]

An October 1945 report drawn up by the Public Health Branch proposed that the numbers of both British health officers and their clerical staff should be increased. This increase was particularly 'necessary in view of the risk of a sudden outbreak of epidemics'.[91] Other proposals dating from this period of winter mobilization called for new British survey teams, particularly 'nutrition teams', whose job it would be to 'provide, for the information of the Chief of Staff, reports on the nutrition state of the German civilian population and [to] advise on measures that require to be taken to maintain, if possible, an adequate standard of health'.[92] Both these demands—increases in the Public Health Branch and the establishment of new survey teams—were granted.[93]

True, the increases were relatively modest: forty-seven health officers were to work in the zone, assisted by fifty-four clerical staff. And recruitment to fill the positions was far from simple, since work in post-war Germany was not a particularly attractive option to qualified British health officers. Boucher's suggestion to look among retired health staff had little success,[94] and problems persisted even after advertisements had been placed in a number of medical journals.[95] Another problem was that demobilization was proceeding at rapid speed, and by November 1946 a number of military government public health teams had closed, many at district level.[96]

In spite of these problems (often shared by other fields), the health argument was enormously successful. One example was health officers' wages. Initial plans had already agreed that leading health specialists should be paid relatively high rates.[97] Following the winter programme and its ensuing recruitment drive, even lower-ranking health officers' salaries were raised. The Public Health Branch argued that it was 'in serious difficulty about recruiting the Hygiene specialists it requires', and an urgent question was 'fixing rates of pay which will suffice to attract recruits'.

---

[90] TNA, MH 76/333, W. H. Boucher (Director of Health Branch, IA&C Division, CCG(BE), Main HQ, Bünde, BAOR) to F. Bliss (Ministry of Health, Caxton House), 18 Sept. 1945.

[91] TNA, FO 936/90, 'New establishment for CCG(BE), Public Health Branch', 15 Oct. 1945.

[92] TNA, FO 936/90, 'Establishment Proposal for Nutrition Teams', from Office of the Deputy Military Governor and Chief of Staff (British Zone) to HQ (BAOR), 31 Oct. 1945.

[93] TNA, FO 936/90, H. L. Jenkyns to R. W. Barrow (War Office), 25 Oct. 1945.

[94] TNA, MH 76/333, minute from Mr Williamson to Mr Neville, 10 Dec. 1945.

[95] TNA, MH 76/333, Mr Williamson to Sir George Elliston, 25 Jan. 1946. Advertisements appeared in the *Medical Officer* on 2 Feb. 1946 and in *Public Health* on 4/5 Feb. 1946. Harding remembered that 'establishments were never filled, and the British supervisory organisation suffered all along from a persistent dwindling of staffs'. Harding, 'Reorganisation of the Health Service', 483.

[96] Hans-Ulrich Sons, *Gesundheitspolitik während der Besatzungszeit: Das öffentliche Gesundheitswesen in Nordrhein-Westfalen, 1945–1949* (Wuppertal, 1983), 33.

[97] TNA, FO 936/90, G. A. Aynsley to A. J. D. Winnifrith (Treasury Chambers), 25 Nov. and 18 Dec. 1944. Ernest Cowell (Principal Medical Officer) was to get £1,500 per annum so as to beat UNRRA's pay scale of £1,000 to £1,300 for this grade.

They had, it argued, 'now reached a stage at which it can be asserted categorically that there is no hope whatever of securing the specialists required at rates falling within the ordinary civilian equivalents of the S.O.1 and S.O.2 military grade'.[98] The new rates were to be equal to those of the highest paid military government officers, namely those in the Economic Division.[99] The increase in basic salary rates (in addition to which board and lodging were free) was a reflection not simply of the rising esteem in which public health officers and their work were held, but of the success and power of their argument on epidemic urgency.[100]

This health argument was at its most effective and far-reaching on the utilization of German health officials. Under pressure from many departments who wanted to make use of Germans whom the Allied guidelines deemed unacceptable, the psychological approach was not systematically applied. Dicks and his staff soon discovered that it was not that the occupation officers necessarily disagreed with them about German national psychology, but that they did not consider their vetting procedures to be practical. 'One of the early difficulties encountered', a GPRB paper recounted, 'was when certain branches of Control Commission, at their wits' end to find enough Germans to carry out the most urgent tasks of reconstruction, began to resent a bad report on a candidate whose technical abilities they held in high esteem. And since GPRB's function was purely advisory, they tended to avoid the dilemma of employing "fascist" characters or no-one by refusing to send candidates to GPRB at all.'[101]

Objections came from a range of quarters. The Political Division complained that since psychological categories did not explicitly take political leanings into account, they could be too lenient: 'we cannot agree', Major Storrs explained, 'that assessment, by psychological means, of the suitability of German officials to hold key positions be considered as final or exclusive tests. There may well be political or personal grounds which would render the appointment of a psychologically suitable candidate objectionable to us.'[102] A year later, Kit Steel from the Political Division thought almost the opposite was true. Psychological methods, he wrote to the GPRB, were not in tune enough with German political ideas and traditions. Even some German features that were quite different from British forms, could be acceptable. For example, there were some 'very definite differences, which do not render German democracy any less genuine…I hope, therefore, that your friends really know a good bit about Germany as well as about psychology.'[103]

---

[98] TNA, FO 936/90, Wood (Norfolk House) to H. L. Jenkyns (Treasury Chambers), 18 Dec. 1945.

[99] TNA, FO 936/90, Jenkyns (Treasury Chambers) to Wood (Norfolk House), 12 Jan. 1946.

[100] The basic salary ranged from £800 to £1,200; for officers in charge of corps districts from £1,200 to £1,400. TNA, MH 76/333, letter and draft, 31 Dec. 1945. FO 936/90, reply from Jenkyns to Wood, 12 Jan. 1946. Lower-ranking members of nutrition teams were to be paid as follows: clinicians £600 to £800, dieticians £400 to £600, basic technicians £250. See FO 936/90, Director General (Health Branch, IA&C, Rear HQ, Nevern Mansion) to G. K. Wood.

[101] TNA, FO 1032/1464, 'The German Personnel Research Branch: A Brief Historical Sketch and Summary of Findings'.

[102] TNA, FO 1032/533, Major Peter Storrs (Political Division) to Major Jewitt (Intelligence Section), 17 July 1945.

[103] TNA, FO 1049/535, Kit Steel (Political Division) to Major General Lethbridge (Intelligence Group), 14 Feb. 1946.

Some made use of the psychological insights to support their practical purposes. Since the psychologists argued that membership of a political party opposed to the Nazis was *not* sufficient to establish whether a person was 'non-authoritarian' or 'democratically-inclined', their methods could also be used to demonstrate the opposite: that Nazi party membership was no indication of an individual's mental state or suitability; even active Nazis should not be rejected out of hand. An officer from Post and Telecommunications (P&T) Branch recounted how some German officials 'seemed destined for dismissal because they had been members of the Nazi Party since 1933'. But, he went on, '[i]n our opinion it did not seem right to dismiss these people on purely a rule of thumb examination of their Fragebogen, especially as, in view of the result of many enquiries which we ourselves instituted, we were reasonably satisfied that they had not been more than nominal Nazis'. The psychological tests confirmed this opinion, and therefore, '[i]n some instances, a test by GPRB would probably afford the only means at the disposal of an individual of proving that he was not, in fact, more [than] a nominal Nazi'.[104] It was clear even to the psychologists that conditions in Germany led 'the staff of GPRB to pay less attention to the negative qualities of their subjects and seek rather to find positive characteristics, to reject more and more the policy of excluding the unfit in favour of one which would direct the energies of the "greys" into useful channels'.[105]

The reaction of the Economic Division came closest to that of the Public Health Branch. Their main objection was that the use of psychological vetting would limit their freedom of action. Colonel Merry explained that, '[b]earing in mind the large number of important jobs that have to be filled in the economic administration of Germany and the relatively small number of politically and technically acceptable personnel available, the scheme under review appears to me somewhat "luxurious" and perhaps a little too ambitious'.[106] He did not disagree with Dicks's findings or methods, he wrote; the problem was simply that they clashed with the 'practical point of view'. He concluded that any selection procedure which was too strict or inflexible would lead to a 'considerable delay' in filling important positions. 'If we go all the way and apply the very severe and rather scientific selecting procedure, . . . we might well experience a considerable delay in staffing our various German economic organisations'.[107]

Following a reduction in the manpower ceiling of the Intelligence Division (which housed the psychologists), the GPRB was abolished with effect from 31 December 1946.[108] Even now, people were keen to stress that the unit had been

---

[104] TNA, FO 1032/1464, L. G. Semple (P&T Branch, IA&C Division, Main HQ, CCG(BE), Bad Salzungen) to Brigadier E. S. B. Gaffney (HQ, IA&C Division, Bünde), 22 June 1946.

[105] TNA, FO 1032/1464, 'The German Personnel Research Branch: A Brief Historical Sketch and Summary of Findings'.

[106] TNA, FO 1039/129, Col. A. F. Merry to Major H. Reade (Assistant Controller, P & I Branch, Economic Division Advance HQ), 19 Feb. 1946.

[107] TNA, FO 1039/129, Col. A. F. Merry to Major H. Reade, 19 Feb. 1946.

[108] TNA, FO 1032/1464, O. A. Oeser (GPRB, Intelligence Group, CCG(BE), Main HQ, Bünde) to A. H. Albu (Deputy President, Governmental Sub-Commission, Adv. HQ, Berlin), 5 June 1946. FO 1032/1464, Major General Lethbridge to A. H. Albu, 12 June 1946, as well as subsequent letters in this file.

useful. '[Y]ou will see that the reasons for closing down are not…that insufficient use is being made of it', wrote Major General Lethbridge from the Intelligence Division. 'It has carried out useful work, and I hope that it will have completed its outstanding assessments by the end of the year.'[109] The engineer and Labour politician Austen Albu (deputy president of the Governmental Sub-Commission in the British zone) even thought that it represented some of the most important British contributions to social science. 'I have always considered', he wrote, 'that social and political objectives of the occupation needed the application of modern social, psychological methods, particularly in the fields of Intelligence, Education and Public Relations.' An 'organisation like GPRB represent[s] a specifically modern British contribution not only to the benefit of Intelligence but to the whole process of Government'.[110] In this context it is also noteworthy that throughout its existence, members of the GPRB, too, were well paid.[111]

Nonetheless, '[i]n view of the difficulty of finding a sufficient number of Germans acceptable to ourselves and our Allies',[112] both psychological and political restrictions on appointments proved unpopular with many occupation officials, and particularly with the health staff. While a general argument on the importance of practical considerations and compromises had been made, the health argument was especially powerful, successful, and pervasive. From the beginning, health officers argued that because of epidemic urgency there was no time to punish or dismiss German doctors. They largely got their way. There are several features of this development which deserve comment.[113]

The intention was that the general denazification criteria and categories were to apply to doctors and medical staff. Initially, many British public health officers seemed to be aware that a large percentage of German doctors had joined, and often taken an active part in, the NSDAP. Boucher was already convinced in September 1944 that 'Nazi doctrine permeates the whole public health structure', and demanded '[r]egimentation of a fairly strict kind'.[114] Wilfried Harding (a public health officer in the Ruhr district) also thought that 'the majority of German public-health administrators were willing tools of the party, with a fair number of ardent Nazis among them, and only very few managed to maintain some

---

[109] FO 1032/1464, Intelligence Group HQ (CCG, Lübbecke) to Presidential Governmental Sub-commission, Office of the deputy military governor, Adv HQ, 12 June 1946.

[110] TNA, FO 1032/1464, A. H. Albu to Brian Robertson, DMG, 20 June 1946.

[111] TNA, FO 936/40, H. L. Jenkyns (Treasury Chambers) to P. T. Lyver (Control Office), 23 Feb. 1946. At the branch, controllers were paid £1,200 to £1,400, deputy controllers £900 to £1,100, assistant controllers £700 to £900, assistants £700 to £900, deputy assistants £450 to £700. At the assessment centres, controllers were paid £1,000 to £1,200, deputy controllers £800 to £1,000, psychiatry and psychology specialists £700 to £900, testing officers £450 to £700, civilian psychological assistants £300 to £450.

[112] TNA, FO 1039/129, Brigadier E. Bader (HQ Economic Division, Adv HQ, CCG(BE), Berlin) to General Lethbridge (Intelligence Group HQ, Main HQ, CCG(BE), Lübbecke), 22 Feb. 1946.

[113] See Clemens Vollnhals (ed.), *Entnazifizierung: Politische Säuberung und Rehabilitierung in den vier Besatzungszonen 1945–1949* (Munich, 1991), and Hans-Ulrich Sons, ' "Bis in die psychologischen Wurzeln": Die Entnazifizierung der Ärzte in Nordrhein-Westphalen', *Deutsches Ärzteblatt*, 79, (1982).

[114] TNA, FO 936/90, W. H. Boucher (Director, health branch, Norfolk House) to J. K. Donoghue (Civil establishments), 26 Sept. 1944.

---

independence in their outlook, which, in any case, they were never able to translate into action'.[115] When the internment camps were filled in the course of the initial waves of arrests, a rate of one doctor to fifty other inmates was not uncommon.[116]

This left the health officials with an 'insoluble problem': not only were many senior medical officials now interned, but many of the remaining trained staff were ineligible according to the denazification criteria. 'Our only chance', argued Harding, 'was to invoke the risks which the prolonged disruption of the health services would cause—risks which would affect the occupiers no less than occupied.' In addition, British health officers argued that party membership, or even having held high ranks within the party, was no evidence that these individuals were dangerous or convinced Nazis. 'In the same way in which the British doctor is given a commission as soon as he joins the Forces,' Harding pointed out, 'many a German doctor had been given relatively high rank in the party organisation by virtue of his appointment as medical officer to one of its formations.' British staffs tried to get those in the arrest or dismissal categories recategorized as 'harmless politically'.[117] In this they were helped by the fact that many German doctors revived old scientific and medical contacts abroad. Numerous references and recommendations came in from British and American universities and hospitals, saying that the person in question had never been interested in political matters and surely could not have been 'more than a nominal Nazi'.

Partly upon Public Health Branch recommendation, an early ruling that GPs were not to be considered as holding public office eased some problems. Doctors who had had their licence for work in the public health service or in hospitals withdrawn were allowed to practise privately (and earn a substantial living).[118] But staffing hospitals and health administrations remained difficult. The acute shortages of qualified candidates who were acceptable to British guidelines was exacerbated by the fact that administrative jobs were unpopular among German doctors, not least because private practitioners' incomes tended to be much higher. Faced with these problems, British health officers argued that denazification had to proceed slowly in view of the likely increase in infectious diseases during the winter. Doctors who fell into removal categories were to be kept on 'in the interim' until suitable replacements could be found, a process that could take years.

In some regions the replacement clause was soon refined. Health officials were among those who expressed concern about the practice of classifying appointments as 'acting' or 'temporary', because it gave 'a sense of insecurity to the office holder and…detract[ed] from his authority'. It was resolved that 'the term "Acting" shall be used *only* for appointments which have not yet been confirmed by the competent authority. The term "Temporary" will not be used at all'.[119] As a result,

---

[115] Harding, 'Reorganisation of the Health Services', 483.
[116] Number quoted in Harding, 'Reorganisation of the Health Services', 483.
[117] 'Reorganisation of the Health Services', 483.
[118] TNA, FO 1012/533, Allied Kommandatura of Berlin, Public Health Committee, [Apr. 1946].
[119] TNA, FO 1013/636, Administration & Local Government branch (IA&C Div, Main HQ, CCG, Bünde, BAOR) to various P and L/R detachments, 10 Nov. 1945.

it became much easier to employ 'unacceptable' individuals for as long as was considered necessary, and it was even reported that a premature release from internment could be obtained for those willing to work in public health.[120] Even when in February 1946 ACC Order No. 24 attempted to tighten up procedures regarding the removal of former Nazis from public offices, compromises continued to be made, and both British officials and regional German medical committees successfully argued for a growing list of exemptions.[121]

An example of the flexibility of the replacement idea is the case of Hans Schreus, professor of dermatology at the medical academy in Düsseldorf, and long-standing member of the NSDAP. In September 1945, when he was a candidate for rector of the academy, his questionnaire was returned 'with the comment "not to occupy a position of trust" '—which meant he was to be removed from his present chair and job at the university clinic. In response, Public Health Branch asked for his 'temporary retention' because of the need for dermatologists in the coming winter. There was, they said, 'no sufficiently well qualified or experienced doctor to replace him'. It did not hurt that Schreus's work was cited favourably in the British medical literature.[122] They obtained a ruling that their decision could override that of public safety, and Schreus was 'allowed to continue his work at the Hospital and to lecture but not to occupy the position of Rektor'. When, over a year later, another dermatology professor became available to replace him, the medical academy insisted on the retention of Schreus. The rector argued that there were 'many members of the NSDAP, who joined the Party in the time from 1933 to 1937 and who are still in their positions', so his dismissal was no longer warranted.[123] When Schreus was eventually dismissed, and his appeal failed to overturn the ruling, it was less because of his support of the Nazis than because of his unpopularity with military government. One official explained that 'Dr Schreus deserves little consideration since, on his original Fragebogen, he deliberately evaded certain questions. It is difficult to believe that a man of his eminence is unable to recollect dates when he travelled abroad or the salary he has earned during the past 10 years. If he is not prepared to deal honestly [with] Military Government he has no right to expect that more consideration should be given to his case than to that of normal, honest people.'[124]

Nonetheless, the case of Schreus demonstrates that the threat of epidemics was used to more lasting effect than just a securing of basic epidemic personnel. Concerning university lecturers, Public Health Branch argued, 'the importance [of]

---

[120] Sons, *Gesundheitspolitik*, 40.

[121] LAB C Rep. 118-58, *Official Gazette of the Control Council for Germany*, 5 (31 Mar. 1946), printed Directive No. 24 in full.

[122] e.g. Frank Hawking, 'Recent Work on the Pharmacology of Sulphanomides', *British Medical Journal*, 1/4397 (Apr. 1945), 505–9. Frank Ellis and Basil A. Stoll, 'Herpes Zoster after irradiation', *British Medical Journal*, 2/4640 (Dec. 1949), 1323–8.

[123] TNA, FO 1013/304, Rektor der Medizinischen Akademie Düsseldorf, to Regional Commissioner (Mr Asbury), 2 Dec. 1946.

[124] TNA, FO 1013/304, H. J. Walker (Controller, Education Branch, Mil Gov NRW [North Rhine-Westphalia]) to Public Health, 24 Dec. 1946; J. G. Gill (Principal Control Office, Public Health department, HQ Land North-Rhine Westphalia) to Regional Government Officer, 8 Jan. 1947.

---

realising that the majority of lecturers and teachers are active clinicians with the responsibility of the treatment of the patients in their respective departments', and '[t]he removal of a specialist from a clinic without suitable replacement will undoubtedly reflect to an appreciable measure on efficient treatment, and may also prolong hospitalisation'. In areas already 'so depleted of hospital beds' the effects would be disastrous. Public health officers insisted that 'in the circumstances where the spread of infectious diseases may occur, or adverse criticism in relation to the treatment and wellbeing of patients may be reported as a result of the removal of specialists, P.H. cannot accept the responsibility'.[125]

Hampered by patchy and restrictive preparations, British occupation officials were quick to develop compromises, which reinterpreted or even completely abandoned existing rules on the selection and appointment of German personnel. British and German health officers were essential to this process and were extremely successful at securing financial and administrative concessions. These compromises outlived the threatening winter crisis, and—under pressure from demobilization—smoothed the path towards an increasing handover of responsibilities from British to the German authorities, and a real scenario of 'indirect control'. German denazification panels advised local public safety officers in the British zone from July 1946 onwards, until in October 1947 denazification responsibilities was handed over to the *Land* governments.[126]

CONFRONTATIONS

The existence of GPRB during the early years of the occupation suggests that the much-celebrated British pragmatism was less successful, and less 'pragmatic', than has generally been accepted. The widespread acceptance of the GPRB's findings, even if not acted upon consistently, shows that even when making practical compromises for the sake of expediency the British did not simply abandon their earlier outlooks entirely or effortlessly. The baggage with which British officials arrived in Germany was much harder to shake off, and compromises were much harder to achieve.

At one level, conflicts arose because the focus of the health operations was concerned with the protection of occupation troops and neighbouring countries, and where compromises were made, they were always 'in the interests of Mil Gov.'[127] In the British zone, just as in the other zones, this led to confrontations, such as those concerning the British allocation of drugs, vaccines, or other supplies for explicitly Allied, or British, priorities. German doctors complained regularly that the British focus on the eradication of venereal diseases diverted attention from other urgent medical problems. In German eyes, one British report noted, the

---

[125] TNA, FO 1013/304, minute from J. Donelly (HQ Mil Gov North-Rhine-Province) to Controller (IA&C Division, HQ Mil Gov North-Rhine-Province), 15 June 1946.

[126] Balfour, 'Four-Power Control in Germany, 1945–1946', 178 f.

[127] TNA, FO 1030/382, 825 (K) Mil Gov Det to Mil Gov Second Army Main, Subject: Appointments civ adm, 26 May 1945.

'main medical problem' was the shortage of the new wonder drug, because penicillin was 'in most places only available for the protection of Occupation Troops against V.D. and cannot be found for the cure of such things as infantile sepsis'. German doctors resented such allocations.[128]

Denazification, too, caused resentment. As the British Information Services reported, a common joke among Germans was that the 'denazification plans have fulfilled Hitler's wish for the 1000 year Reich: 12 years of Nazism, 988 years of denazification'.[129] On the whole, both British and German health officials were equally interested in obtaining concessions for individuals to make their jobs easier and more efficient, and among both there was a widespread conviction that doctors were fundamentally apolitical and hard done by as a result of the denazification clauses. In their new pragmatism the occupation authorities sometimes even prevented German efforts to cleanse personnel and make a more radical break with the Nazi regime. When in December 1945 Rudolf Amelunxen (German president of the Westphalian Provincial Government) argued that there were too many former party members in his administration, and began a 'clean-up of the Public Administration from former members of the NSDAP', he was pulled sharply into line by the occupiers. The British authorities noted tersely that 'Dr A's enthusiasm for denazification tends to cut across [*Regierungsbezirk*] Mil Gov and [*Regierungspräsident*] local arrangements', and asked him to 'refrain from making any further inquiries as to the political suitability of officials in these establishments'.[130] These tensions continued even after denazification responsibilities had been transferred to German authorities. In spring 1947, a German denazification panel even resigned in protest when a dentist, Dr Schröer—apparently 'well-known in the area as a very active Nazi'—was released from internment and cleared from all wrongdoing by a British Review Board. With his new 'category five' allocation, he was permitted to take up employment without any restriction. If 'Schröer was a category V case,' the German panel said, then 'there were no such people as Nazis.'[131]

Similar conflicts existed in all zones. But in the British zone, more than in the others, the basic discord was amplified by more fundamental questions on what the Germans were really like. Could their demands, or the medical data they produced to back them up, be trusted? Did they *deserve* health and relief imports

---

[128] TNA, FO 1005/1926, CCG(BE), Information Services Control Branch, German Reaction Report No. 1 for period ending 29 Dec. 1946.

[129] TNA, FO 1005/1926, CCG(BE), Information Services Control Branch, German Reaction Report No. 11 for period ending 29 Dec. 1946.

[130] TNA, FO 1013/636, transit sheet, minutes from secretariat, 6 Jan. 1946. FO 1013/636, C. A. H. Chadwick (DDMG, HQ Mil Gov Westfalen Region) to Rudolf Amelunxen (Prov. Civ. Adm Westfalen), 9 Jan. 1946. FO 1013/636, Amelunxen to his Police President, 4 Dec. 1945; Amelunxen to 307 (p) Mil Gov Det, Adm & LG Branch, 20 Jan. 1946. For examples concerning doctors, see FO 1013/304, Chamber of Doctors (North-Rhine Province) to Dr med. Richter (Chairman of the Association of Doctors, Essen), 24 Nov. 1945. The reply from Dr J. H. Donnelly (Chief health officer, HQ Mil Gov NRP), 10 Dec. 1945, told the doctors that 'no removal can be ordered by a German authority'.

[131] On the Schröer case, see TNA, FO 1013/304, Public Safety for Commander (HQ Mil Gov, Land Lippe and RB Minden, 507 HQ CCG) to Deputy Inspector General (Public Safety Branch, HQ Mil Gov North Rhine Westphalia, 714 HQ CCG), 29 May 1947.

---

beyond those absolutely necessary? Could they be left to govern their own affairs, as originally conceived? German doctors' assessments and demands clashed with British priorities on two (related) subjects in particular: nutrition, where the adequacy of rations, the necessity of food imports, and medical data on the population's nutritional state were debated throughout the occupation; and tuberculosis, where German and British doctors disagreed about its relative importance, and how highly it should feature on the agenda of health programmes. Whether or not German claims were objectively justified is less interesting than how the British understood and debated them: German demands were often exaggerated, but the British understanding was shaped by a complex mix of economics, justice, and merit.

These moral problems were not confined to British rule. Shortages and financial limits were endemic everywhere, and food provision and disease-prevention touched on difficult moral criteria. The basic principle of treating different populations differently was well established. As an ex-enemy country, Germany had been barred from the support of organizations such as the United Nations Relief and Rehabilitation Administration (UNRRA), and had, symbolically, been sent to the end of the world queue for aid.[132] 'German organisations must make known the critical food situation which they have brought upon the whole world,' a British agricultural expert wrote in June 1945, and 'in the unlikely event of any surplus becoming available they will inevitably be last on the list to get it'.[133]

A practical extension of this idea was widely practised in all zones, which made clear the moral judgement it contained. Food rations were given to different civilian population groups in Germany not simply according to physical requirements. The non-German DPs received comparatively high rations and were entitled to assistance by international relief programmes. In November 1945, when the official German ration for the normal consumer was 1,700 calories, the minimum basic ration in DP camps was apparently 2,300 calories per person per day.[134] Among the German population, rations were set primarily on the basis of need either by employment (miners and heavy manual workers got the highest allocation) or by condition (children, pregnant, and nursing women all received extra milk allocations), but they also reflected other considerations. In all zones, Jews, concentration camp survivors, and other 'victims of fascism' received a higher ration allocation than was dictated by their occupational or physical category. In September 1945 the Allied Kommandatura of Berlin decided that '[a]ll authentic victims of Nazi persecution whose health has suffered as a result of such persecution

---

[132] Bod., SPSL 138/1, 'Aid in Recovery: growing burden on UNRRA', *The Times*, 12 Apr. 1945: 'Under the resolution of the council, UNRRA activities in enemy and ex-enemy are sharply limited, unless specific action is taken by the council authorising the type of relief to be provided in a specific country. At the request of SHAEF, UNRRA is assembling a large staff, at least 200 teams of 13 members each, to aid in the care and repatriation of the 8,500,000 United Nations nationals in Germany.' Also see Bod., SPSL archive, 138/1, correspondence with UNRRA.

[133] William Gavin, 'Report on Food Situation in Northern Germany', 9 June 1945, quoted by James Tent, 'Food Shortages in Germany and Europe, 1945–1948', in Günter Bischof and Stephen Ambrose (eds.), *Eisenhower and the German POWs: Facts Against Falsehood* (Baton Rouge, La., 1992), 103.

[134] BL, S.F.801/23, Military Government of Germany, 'Public Health and Medical Affairs: monthly report of military governor, U.S. Zone', No. 4, 20 Nov. 1945, 16.

will be given a ration card in one group higher than that to which their work entitles them', and Germans were instructed to 'ensure that one scale higher in rations is fairly awarded to all victims of Fascism, according to existing rulings'.[135] A few months later, the Kommandatura ordered that all victims of fascism be given the highest possible allocation for the next three months.[136] In the British zone, German officials were instructed that additional food be given to 'certain classes of ex-inmates of German Concentration Camps and other victims of oppression'.[137]

A version of this principle was practised everywhere, and it always caused problems. 'The question of trying to arrange for all those inside Germany who claim to have been throughout the enemies of Fascism to receive extra food raises serious difficulties,' Philip Noel-Baker, a minister at the Foreign Office, explained, since there were many 'who claim without any real justification to have engaged in active opposition. You can imagine how difficult it is for Military Government in Germany, with the Staff at their disposal to sift the genuinely deserving cases from the remainder unless the evidence, e.g. imprisonment in a concentration camp, is overwhelming.'[138] It was also seen as problematic when the German authorities on occasion applied the principle to groups at the other end of the moral scale. In July 1945 the Berlin Magistrat prescribed that former members of the NSDAP were to be put into the lowest of the five ration groups, regardless of work category.[139] Allied officials feared that this would not be conducive to public order, and the Allied Kommandatura of Berlin ordered the Magistrat to change the regulation. The proposal that former members of the NSDAP should be forced to donate blankets and clothes was also dropped.[140] There were other proposals, too. The Magistrat welfare office explained that although 'worthiness of the welfare recipient is under German law no precondition for the receipt of public welfare', it had always been specified that 'anti-social persons' were to get 70 per cent of the customary support. And so, until welfare regulations were changed more substantially in 1947, 'former members of the NSDAP and its associated organisations were classified as anti-social persons'.[141]

---

[135] BAK, Z45F, 44-45/6/9, Col. Frank Howley to Deputy Military Governor, US Zone, 29 Sept. 1945. The Allied food committee proposal was made on 25 Sept. 1945. LAB, C Rep. 131/04-31, Ernährungsamt Berlin-Mitte, 'Bericht über die Situng am 8.11.1945 beim Magistrat', 8 Nov. 1945.

[136] LAB, C Rep. 131/04-31, Magistrat der Stadt Berlin (Abteilung für Ernährung), Subject: 'Versorgung der anerkannten Opfer des Faschismus', 12 Feb. 1946.

[137] FO 1050/46, Public Health Branch (IA&C Div, CCG, Bünde, BAOR) to Secretariat (HQ, IA&C Div), 3 April 1946, paraphrasing Zonal Policy Instruction No. 20 of Dec. 1945; 'Questions for Background Pamphlet for Information of German Officials', Office of the Deputy Military Governor (Main HQ, CCG(BE), Secretariat), to all Divisions, 27 Mar. 1946.

[138] TNA, FO 371/46806, Philip Noel-Baker to T. L. Horabin MP, 3 Oct. 1945.

[139] Dieter Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats der Stadt Berlin 1945/46* (Berlin, 1995), i. 71. Doctors were particularly opposed. At a meeting in July 1945, Berlin medical officers complained that former Nazi doctors were given the lowest rations, but had to work day and night. See LAB, B Rep. 012/902-5, 'Amtsarztsitzung vom 12. Juli 1945, 16 Uhr—Versammlung der Amtsärzte am 12. Juli im Hauptgesundheitsamt', Dr Redeker.

[140] LAB, B Rep. 012/902-5, 'Besprechung der Amtsärzte am Donnerstag, d. 6.Dezember 1945', 6 Dec. 1945.

[141] LAB, C Rep. 118–1099, M. Ehlert (Magistrat, Abteilung für Sozialwesen) to Wilmer Froistadt (Chief of Public Welfare Branch, OMGUS, Berlin Sector, Steglitz), 2 Dec. 1947.

These tensions prevailed in all zones, but debates in the British zone were often particularly fierce and betrayed deeper roots—as became visible in the arguments about food. Conditions in Germany were worse than expected, and the British economy was also undergoing a sharp downturn. Reports on the dire conditions in the British zone reached London. 'It is not true . . . that there are large food stocks in the British Zone', one testified: most stocks had been consumed by the time the British arrived. In some places delivered rations were as low as 800 calories. The situation was unlikely to improve, since the harvest was expected to be far below average and further aggravated by severely restricted transport.[142] Alarming reports also reached the Foreign Office from journalists, politicians, and other British citizens who visited Germany. Conditions were 'so appalling', one couple wrote, 'it seems certain that, if drastic action is not taken immediately, millions of men, women and children will perish this winter from starvation, exposure and disease'.[143] 'There is very little doubt that the risk of very heavy mortality this winter in Germany is a grave one', confirmed Noel-Baker following a visit to Germany to collect information for a report to the Cabinet on the risk of epidemics.[144] 'It is clear to me', he continued in a letter to Brian Robertson, deputy military governor of the British zone, 'that you are going to need much greater latitude than you at present possess as regards the types of goods, including raw materials, which you may programme for import into Germany.'[145]

But it was not that simple. Although no one tried to put a policy of pastoralization into effect (of the kind which Henry Morgenthau had had in mind), the concept of limiting the German standard of living persisted, and, in combination with domestic shortages, dictated the British approach. At meetings of the ACC, the forum where the four Allies met and decided joint policy for Germany, the standard of living concept was discussed at great length, particularly in connection with reparations from German industry. But regarding nutrition, too, this concept was influential. In September 1945, an ACC report on the standards of food rationing to be adopted for the German population reasserted that rations could only be agreed after data had been collected on food consumption in the rest of Europe, 'so that food consumed in Germany will not exceed the average pertaining in European countries'.[146]

Among occupation officials stationed in Germany, attitudes often changed in the course of their time in the country. In autumn 1945, Colonel Rees-Williams, who until a few weeks earlier had been a military government officer in Germany,

---

[142] TNA, FO 371/46806, 'Food situation in the British zone', report by 21 Army Group, Civil Affairs Branch, circulated for the meeting of the Combined Deputy Military Governors US/UK/Fr on 3 Aug. 1945. FO 371/46806, William Strang to Foreign Office, 11 Aug. 1945.

[143] TNA, FO 371/46885, Maurice Butcher, Mrs Butcher, and Mr Price to Foreign Office German Department, 16 Sept. 1945.

[144] TNA, FO 371/46885, Noel Baker (Foreign Office) to Prime Minister, 19 Sept. 1945.

[145] TNA, FO 371/46885, Noel Baker (Foreign Office) to Brian Robertson (Lübbecke, BAOR), 20 Sept. 1945.

[146] e.g. TNA, FO 46885, William Strang (Berlin) to Foreign Office, 1 Oct. 1945. FO 371/46885, 'Report by the Internal Affairs and Communications Directorate on Nutrition of German Civil Population', 20 Sept. 1945.

explained at a meeting with Prime Minister Clement Attlee that 'he had gone to Germany as an advocate of a hard peace, but had soon been converted by his experiences'. Gerald Gardiner, a long-standing member of the Friends Ambulance Unit who had also served in Germany, explained that '[i]t was his impression that the Military Government officers in the British zone were willing and able to do more than they were doing at present to relieve distress', but they were still 'restrained by apprehension of criticism from home'.[147] Or as a Control Commission officer later put it: 'The trouble is that, when nearly all the world is suffering from acute shortages of goods...it is difficult to arrange, or to defend, that Germany should come anything but last.'[148]

German complaints about food shortages were often buttressed by testimonials from doctors. German doctors were particularly angered when, shortly after the reduction of official rations in the British zone in March 1946 to 1,550 calories per normal consumer per day, military government interfered with their authority to make clinical diagnoses of malnutrition and hunger oedema. They were instructed that only 'clinically proven' cases, i.e. those confirmed by laboratory tests, could be called 'oedema'. To avoid false diagnoses, all suspected cases were to be reported to the local British health officials responsible, who would carry out their own tests. German doctors would be punished severely for making a diagnosis not subsequently confirmed.[149]

In October 1945 a Zonal Health Advisory Council was established, containing one German medical representative for each province, to advise on health problems affecting the British zone, but without any formal legislative or executive powers.[150] This, and, after March 1946, the Zonal Advisory Council (ZAC), became a platform for German complaints.[151] Professor Rudolf Degkwitz, a paediatrician and health officer in Hamburg, who had spent several years in Gestapo imprisonment, was active in both groups and regularly voiced his concerns about the German state of health and the apparent lack of interest among

[147] TNA, FO 371/46885, John Addis (10 Downing Street) to Mr Giles (Foreign Office), 25 Oct. 1945, summarizing the prime minister's meeting with the deputation led by Beveridge. Also see TNA, FO 371/46885, Victor Gollancz to Ernest Bevin, 9 Oct. 1945, forwarding 'Resolutions' which urged HMG to allow voluntary relief efforts in Germany.

[148] TNA, FO 371/55724, COGA minutes, 12 Feb. 1946. Also see John Farquharson, '"Emotional but Influential": Victor Gollancz, Richard Stokes and the British Zone of Germany, 1945–1949', *Journal of Contemporary History*, 22 (1987), 501–19, at 511.

[149] Letter from public health officer Gill to Dr Pusch, 6 Mar. 1946, and statement by Brigadier Barraclough (HQ CCG(BE)), 14 Aug. 1946, both cited in, Sons, *Gesundheitspolitik*, 109–12. Mitteilungsblatt der Ärztekammer Nordrhein-Westfalen, July 1947, cited in Stefan Kirchberger, 'Public Health Policy in Germany, 1945–1949: Continuity and a New Beginning', in Donald W. Light and Alexander Schuller (eds.), *Political Values and Health Care: The German Experience* (Cambridge, Mass., 1986), 185–238, at 229.

[150] TNA, FO 1050/657, 'German Health Services Advisory Committee: second conference between committee and representatives of the health branch of the control commission held at Bünde, on 12th, 13th and 14th December 1945', Health Branch (IA&C Div, Main HQ) to P Detachments, 18 Dec. 1945.

[151] Neither the Zonal Health Advisory Council nor ZAC were comparable to the Soviet zone's Central Health Administration (ZVG), since both were purely advisory and lacked executive or legislative powers. On ZAC health policy, see Anneliese Dorendor (ed.), *Der Zonenbeirat der Britisch Besetzten Zone: ein Rückblick auf seine Tätigkeit* (Göttingen, 1953), 90–106.

the occupation authorities.[152] Malnutrition was widespread and worsening, he argued, and responsible for the reduced resistance to infectious diseases. Many diseases (particularly tuberculosis) were more often fatal than they were before. In a similar vein, Robert Lehr, *Oberpräsident* of the North Rhine province and a prominent member of the ZAC, complained that '[a]t the Nuremberg trials, the starvation in Nazi concentration camps was given much prominence. But one could also starve outside a concentration camp. 1,550 calories was not enough to work on and the latest cuts to 1,014 were more than disastrous.'[153]

In highly emotional tones, a resolution passed at the founding meeting of the new federal medical association/chamber of physicians (the Bundesärztekammer) on 15 June 1947, appealed 'to the conscience of the world not to tolerate any longer the alarming decline of the German people's health'. Conditions were unbearable, and the majority of Germans was 'living on a scale of rations amounting to not more than one third of the minimum of food recognised by international authorities'. Official rations were bad enough, but they were rarely supplied in full, and 'the German public, facing the discrepancy between ration scales and rations issued, has completely lost its confidence both in the German and the Allied authorities responsible for the supply and distribution of food'. The resolution went on to describe the pervasiveness of hunger and starvation. 'The direct victims of the famine are numerous whereas the number of those indirectly affected is much greater and still defies an exact statement. The whole people, once vigorous and healthy, has been weakened by starvation and is now utterly incapable of work and is on the verge of manifest infirmity.'[154] These complaints were always accompanied by demands for more food imports and a more constructive approach to the reconstruction of German agriculture and industry.[155]

Some British citizens also took up the German cause. The publisher, writer, and political activist Victor Gollancz wrote a series of pamphlets on the German situation, in which he urged the occupiers to improve conditions. The Germans had only few people 'to appeal in their name to the decency of the world', Gollancz argued, but the British people, 'as nationals of an occupying power that had

---

[152] TNA, FO1028/4, 'Who's who in the British Zone of Germany', Aug. 1946. FO 1050/657, second meeting of German health services advisory committee, 13–14 Dec. 1945. Rudolf Degkwitz, *Das alte und das neue Deutschland* (Hamburg, 1947). Hendrik van den Bussche (ed.), *Medizinische Wissenschaft im 'Dritten Reich': Kontinuität, Anpassung und Opposition an der Hamburger Medizinischen Fakultät* (Hamburg, 1989), esp. 422–9.

[153] TNA, FO 1032/1495, 'Confidential Report on Joint Meeting of Representatives of the Zonal Advisory Council and the Regional Government Co-ordinating Office (Länderrat) at Stuttgart on 3 April 1946', 16 Apr. 1946, quoting Lehr. Also printed in Ralph Uhlig (ed.), *Confidential Reports des Britischen Verbindungsstabes zum Zonenbeirat der britischen Besatzungszone in Hamburg (1946–1948)—Demokratisierung aus britischer Sicht* (Frankfurt am Main, 1993), 55. On the SPD's food policy, see 'Erklärung der SPD zur Ernährungskrise', *Sozialistische Mitteilungen der London-Vertretung der SPD*, issued by the London representative of the German Social Democratic Party, London, Nr. 98/99, Apr./May 1947, 2–3.

[154] TNA, FD 1/418, 'The German Medical Profession on the State of Nutrition in Germany—Meeting of the German Chamber of Physicians at Bad Nauheim, June 15th 1947. Resolution passed by the German Physicians on the Present State of Nutrition in Germany', Dr Helmich (Chairman, Nutrition Board of the German Medical Profession) to Sir Edward Mellanby (MRC), [Aug. 1947].

[155] ZAC meeting 30 Apr. 1947, *Akten*, ii. 331.

---

enforced unconditional surrender', 'had a very special responsibility before the bards of history and of our own conscience'. He argued that 'if every German was indeed responsible for what happened at Belsen, then we, as members of a democratic country and not a fascist one with no free Press or parliament, . . . are responsible individually as well as collectively for refusing to tolerate anything that might be considered even remotely comparable with Belsen, if only by way of rhetoric'.[156] Gollancz made several visits to the British zone. He met Rudolf Degkwitz and others, and his pamphlets made use of Degkwitz's data. As many as 100,000 oedema cases were hospitalized in Hamburg alone, Gollancz maintained, and those represented only a small fraction of cases overall.[157]

On the surface, the battle lines were simple: German demands for food were counterweighted by British financial and political considerations. But confrontations went deeper, particularly when the British authorities began to contest German assessments. They had been sceptical of exaggerated German appraisals from the start, and continued to question the German ability, authority, and legitimacy to make demands throughout the post-war years. This state of affairs continued, and even worsened, when, at the beginning of 1947, administrative matters (including nutrition and public health issues) were handed over and the 'indirect control' plan finally implemented. British officials' lack of confidence in the German doctors under their charge led some to question the practicability of any real indirect control. And although there were important financial reasons for monitoring rations and keeping them as low as possible, older diagnoses of the German mentality helped to justify such interventions.

Following the particularly severe winter of 1946–7, made worse by the cancellation of many imports from abroad, a number of nutritional scientists sponsored by the Medical Research Council (MRC) were asked to report on German conditions. Their reports demonstrate how much, in British eyes, the issues of German *ability* and *legitimacy* to make medical claims were intertwined. Robert McCance and Elsie Widdowson, both British nutritional scientists of some standing, were among those who conducted nutrition research in Germany throughout 1946 and 1947.[158] 'It is quite possible', wrote McCance after returning in 1947, 'that in subjects which are not remotely connected with nutrition, the German may be sound enough, but I am certain, he is quite incapable of taking an objective view of any

---

[156] Victor Gollancz, *In Darkest Germany* (London, 1947), 1718. On Gollancz's post-war relief work, incl. the 'Save Europe Now' campaign, see WUL, MSS/157/3/SEN/1/1-7, Mrs Peggy Duff, 'Save Europe Now, 1945–1948: 3 Years' Work', [1948] and other documents in the Gollancz papers. Also see Matthew Frank, 'The New Morality: Victor Gollancz, "Save Europe Now" and the German Refugee Crisis, 1945–6', *Twentieth Century British History*, 17 (2006), 230–56.

[157] Letter to *The Times*, 30 Oct. 1946, printed in Gollancz, *In Darkest Germany*, 24. Victor Gollancz, *Is It Nothing to You? Photographs of Starving German Children* (London, 1945).

[158] Widdowson researched whether white flour could be made as nutritious as wholemeal flour by adding B vitamins and iron. When this research question came up, she recalled that Edward Mellanby said to me 'There must be a lot of hungry children in Germany. You go and find out about the truth of all this.' See Margaret Ashwell (ed.), *McCance & Widdowson: A Scientific Partnership of 60 Years, 1933 to 1993* (London, 1993), 36. Elsie M. Widdowson, 'Adventures in Nutrition over Half a Century', *Proceedings of the Nutrition Society*, 39 (1980), 293–306. Robert McCance, *Reminiscences*, (Cambridge, 1987).

---

subject into which he can, by any stretch of imagination, introduce an nutritional element.'[159] When in spring 1947 McCance and Widdowson interviewed German doctors and inspected malnutrition cases in hospitals, they came to the conclusion that although the official rations were low, 'there seem to be so many ways in which some extra rations can legitimately be obtained that there may be relatively few people who are living on this diet alone'. As a result, '[i]n the opinion of the Oxford Nutrition Survey team there is not much evidence of malnutrition among the ordinary civilian population. They say that the Germans may have lost some weight, but even now they are heavier than their English counterparts.'[160] In short, although there was some malnutrition in Germany, the German doctor's argument on the effects of inadequate rations was highly questionable.[161] 'You cannot be suggesting', one British consultant responded to the Germans, 'that this is a famine of Chinese or Indian proportions.'[162]

McCance's researches in Germany caused controversy in another way. In June 1946, McCance sent out a request to German doctors to allow him to carry out kidney function tests on terminally ill babies with certain abnormalities, through an examination of their blood and urine. McCance selected these babies because he was uncertain whether these tests were safe, but crucially he failed to ask for the parents' consent. News of this work emerged as the prosecution at the Nuremberg medical trial presented evidence on German medical experiments on human beings, and proved a considerable embarrassment both for McCance and the British health authorities who had let it happen. Even though McCance insisted that these tests did not constitute 'human experiments', the German defence used them as an example of Allied human experimentation.[163] At least as far as his career was concerned, the damage was only temporary. There was no criticism of McCance's methods from the MRC, whom he represented in Germany, and he became a Fellow of the Royal Society in 1948; a few years later the MRC even asked him to talk about ethics of human experimentation.[164] But the confrontations between German and British health officers seemed to become more entrenched than ever.

Another nutritional scientist now in Germany was A. P. Meiklejohn. In 1946 he was appointed as senior lecture in nutrition at Edinburgh University's Department of Medicine. Until 1947 he was also a nutritional adviser to UNRRA, and in that capacity he was sent to Bergen-Belsen concentration camp shortly after its liberation by British troops, and supervised the feeding of the many severely malnourished

---

[159] TNA, FD 1/418, R. A. McCance to Edward Mellanby, 30 June 1947.

[160] TNA, FD 1/418, 'Opportunities and Facilities for Research in Germany', by Robert McCance and Elsie Widdowson, [Mar. 1947?]

[161] TNA, FD 1/418, interview with Professor R. A. McCance and Dr Elsie Widdowson with A.L.T., 27 Aug. 1947.

[162] Cited in Kirchberger, 'Public Health Policy', 201. 'Report of the Results of the Combined Nutritional Committee of April 1947', *British Medical Journal*, 17 May 1947, pp. 684–5.

[163] Weindling, *Nazi Medicine and the Nuremberg Trials*, 202–3.

[164] Richard Nicholson, 'Why the EU Clinical Trials Directive? The Ethical History Behind the Development of Good Clinical Practice and Directive', in *EU Directive on Clinical Trials, Its Interpretation in UK Law and Its Impact on Non-Commercial Trials*, Ethical, Legal and Methodological Training Series—Infectious Disease Research Network, 2001.

and dying inmates.[165] He, too, was asked by the MRC to report on the German state of health, and came to similar conclusions to McCance and Widdowson. He had examined over 2,000 Germans, he explained in his report, but had seen 'no undoubted cases of famine oedema'. He thought that German health may have *benefited* from the shortages. 'The Germans particularly in the South are inclined to regard obesity as a sign of health and grace, particularly among women. Its rarity now may be one reason why they consider themselves underfed.' However, '[a]s in the U.K. many adults are likely to have benefited from losing excess weight and its complications of high blood pressure, diabetes and gall stones.'[166]

'[E]xaggerated statements' were made 'both by the Germans and their friends', Meiklejohn insisted, and could only be answered by 'exact Scientific Information about the state of Nutrition'. He was 'particularly unfavourably impressed by written statements prepared for us by German Public Health Officers in Nuremberg and Hamburg. These statements were obvious propaganda bearing little relation to the true medical facts'. A Dr Aschoff, he reported, had recently published a paper which sought to 'prove that Germans in the British zone are now worse of[f] than the inmates of Buchenwald concentration camp'. And a Dr Otto Schmidt, German medical officer of health in Frankfurt in the American zone, had in March 1946 'prepared a document…grossly exaggerating the nutritional problems of the population'. In sum, Meiklejohn maintained, it was 'clear that the Germans are now grossly exaggerating the effects of the food shortage. The danger is that they may come to believe their own misrepresentations. Hence the need for precise objective investigations'. Leading British public health officers in Germany had agreed that they 'placed no reliance on the figures'.[167]

These attacks focused on German analyses of malnutrition and starvation, but even the British nutrition survey teams, established to investigate the state of health among the zone's population, came under fire.[168] Following the ration cuts in

---

[165] Meiklejohn (1909–61) supervised a group of volunteer medical students after his arrival in Belsen on 29 Apr. 1945. TNA, WO 222/201, 'Belsen Camp Accounts given to Royal Society of Medicine by Brigadier Glyn-Hughest, Colonel Lipscomb and Lieutenant Colonel Johnston', [July 1945]. WA, RAMC/792/3, 'Administrative Report—Belsen Concentration Camp', J. A. D. Johnston, Lt. Col. RAMC, OC 32 (Brit) CCS, RAMC, 15 June 1945. WA, RAMC/792/3, 'Field Work in Medical Nutrition—Instructions to Medical Officers on Nutrition Survey Teams Regarding Records of Examinations and Laboratory work', from UNRRA, health division, [undated]. WA, RAMC/792/3, 'UNRRA, European Regional Office, Press Conference, 7 June 1945—Account of the Activities of London Medical Students at Belsen Concentration Camp, May 1945 by Dr A. P. Meiklejohn', 7 June 1945. Also see UN Archives, S-1021-0019-06, Dr A. P. Meiklejohn, 'Final Report of the Nutrition Section, Health Division, UNRRA', 28 Feb. 1947. His obituary in *British Medical Journal*, 24 June 1961, 1834–5.

[166] TNA, FD 1/418, 'Personal notes on the work of the Combined Nutrition Committee by Dr A. P. Meiklejohn', notes on the eighth committee meeting on 12–13 Oct. 1947.

[167] TNA, FD 1/418, 'Personal notes on the work of the Combined Nutrition Committee by Dr A. P. Meiklejohn'.

[168] TNA, FO 936/90, 'Establishment proposal for nutrition teams', Office of the Deputy Military Governor and Chief of Staff (Main HQ, Lübbecke) to HQ BAOR, 31 Oct. 1945. The Combined Nutrition Committee was set up in August 1945 to examine German nutrition and health conditions in the three western zones. It made its first report on 13 Aug. 1945. TNA, FD 1/418, draft letter by Dr Sinclair to Lord Pakenham, undated [June 1947]. Also see R. H. Kampmeier, 'Germany: Nutrition Surveys in 1945', *Nutrition History Notes*, 23 (Summer 1985).

---

spring 1946 they reported signs of health deterioration, and after the winter of 1946–7 they testified that health conditions were worsening. A report from May 1947 argued that large parts of the population were 'in decidedly poor condition to withstand any further decrease in food intake', and that, particularly regarding diseases such as tuberculosis, the situation was 'potentially threatening in view of the nutritional state of the population'.[169] But their reports, British critics now argued, had relied too heavily on German data. As Meiklejohn explained, a large part of the 'dis-satisfaction is due to the control of Survey Teams by Germans'. The British teams had been open to German manipulation, he believed, primarily because of their lack of 'direction and internal criticism from an experienced and senior medical officer with special knowledge of nutritional problems'.[170] McCance agreed that the British teams came up with questionable data because they consisted of 'medical people with no special knowledge of nutrition'. And in the American zone it was even worse, McCance reported, since the Americans had 'entrusted the investigations there to Germans, and are just having their legs pulled'.[171]

An exchange which spelled out the British position concerned the work of Werner Klatt, a German émigré who arrived in Britain in May 1939, and, after being interned and eventually naturalized, worked for the Political Intelligence Department of the British Foreign Office. From 1946 he was director of the Food and Agricultural Section of the London Control Office, and queried some details in Meiklejohn's report.[172] Following some German doctors, he suggested that perhaps some comparison could legitimately be made between the food received by prisoners detained in Germany during the war and the current situation, and in this light he had to agree with the Germans that the prisoners had received more food. Generally, he believed that 'the arithmetic of the food consumption on and off rations as applied in the calculations of the 8th Nutrition Survey [which had been advised by Meiklejohn] was somewhat shaky', and would only harm the British case. 'As you know', he wrote, 'I am appalled by German inaccuracies and generalisations, but it seems to me that the British case is weakened if mistakes are made on this side which in case the report is published will be taken up and challenged by German nutritionalists immediately and which, as far as I can see, cannot be fully defended.'[173]

---

[169] TNA, FD 1/418, 'Report of the Seventh Combined Nutrition Survey', 6 May 1947.
[170] TNA, FD 1/418, 'Personal notes on the work of the Combined Nutrition Committee by Dr A. P. Meiklejohn'.
[171] TNA, FD 1/418, interview with Professor R. A. McCance and Dr Elsie Widdowson with ALT, 27 Aug. 1947.
[172] Klatt (born 1904) emigrated to Switzerland in 1939, and shortly afterwards to the UK. 1946–51 he was director of the Food and Agriculture Section of the London Control Office; from 1951 to 1966 he was economic adviser to the Foreign Office, to the ILO and FAO. He retired in 1966, but in 1967 took up a Rockefeller grant to study economic development in Asia. See Werner Röder and Herbert A. Strauss (eds.), *International Biographical Dictionary of Central European Émigrés* (Munich, 1983), i. Werner Klatt, *Food Prices and Food Price Policies in Europe* (London, 1950).
[173] TNA, FD 1/418, W. Klatt (Foreign Office) to Meiklejohn, [11 Nov. 1947].

Meiklejohn exploded with fury. In his reply, he disagreed that the Germans had the right to be granted help. 'I am frankly amazed', he wrote, 'that you are prepared to make a favourable comparison between this ration for prisoners and the present rations for German civilians. You know very well that the Germans, unlike their prisoners during the war, are free to supplement their ration from black-market sources.' Moreover, Meiklejohn went on, 'I question the right of the Germans to make [this comparison]'. Many of their prisoners had been British, and there could 'be no question that many of our men depended for their survival on the Red Cross parcels sent out from this country. If you doubt this, I would be glad to put you in touch with some friends of mine who were P.O.W.s in Germany; also I know a doctor who personally inspected many P.O.W. camps on their first liberation; I am sure that he would be glad to enlighten you.'

If any problems did exist, Meiklejohn argued, it was because of the 'inability or unwillingness of the German authorities to control the black market and to direct indigenous food into rationed channels', rather than any actual lack of food:

> I was myself concerned in the relief of Belsen Concentration Camp. There I saw 17,000 people in the last extremity of starvation and thousands of others dead and unburied on the ground. We had no difficulty in raising 2,000 litres of milk daily from surrounding farms to feed the starving, and could have raised 10,000 litres if we had had a few more days to collect enough containers. At that time I also saw the German population in the neighbouring town of Celle; if…slimness is fashionable among German women, Celle was certainly a most unfashionable place.

The 'essential point', he went on, was that 'the Germans frequently starved their prisoners, whereas the great majority of Germans are now adequately fed'.

> Because our points of view are so obviously different, you will probably think that my attitude towards the Germans is vindictive. That is not the case; I believe that we should consider their problems with scrupulous fairness, but I also believe that the people of this country, who are making great sacrifices to support the Germans, are entitled to know the truth. I therefore resent most strongly all efforts to misrepresent the truth or to obtain for the Germans a better deal than the facts warrant. You say that you are 'appalled by German inaccuracies and generalisations'. I, on the other hand, am infuriated by their deliberate falsification of the facts.

He added that after visits to six other Central and Southern European countries during the previous year, he knew that, 'by comparison, the Germans have been very fortunate in their post-War standards of nutrition'.[174] Writing to Edward Mellanby at the MRC, he complained that '[t]his erstwhile German, now working in the Food and Agriculture Division at Norfolk House, seems to need someone to tell him where he "gets off"'.[175]

The confrontation between German and British health officials about tuberculosis was similar to the argument about food. It only erupted properly in late 1947, but the positions had been fixed several years before. The actual data is perhaps less

---

[174] TNA, FD 1/418, Meiklejohn to Klatt, 12 Nov. 1947.
[175] TNA, FD 1/418, Meiklejohn to Mellanby, 13 Nov. 1947.

interesting than the nature of the confrontations: British health officials empha-sized the problems of venereal diseases and other acute epidemic conditions as most urgent, but to the Germans tuberculosis was of greater political, social, and symbolic significance.[176] German doctors argued that current conditions (inade-quate nutrition, bad housing, lack of heating) meant more people were dying from this condition than even at the height of the war. Rudolf Degkwitz, the Hamburg medical officer of health, was again among those who repeatedly warned about the rise of TB. He founded the 'Central Committee for the Fight against Tuberculosis', and reported regularly on the increasing numbers of cases, for whom not nearly enough hospital beds were available.[177] Like complaints about lack of food, TB also featured in the meetings of the ZAC, and doctors helped formulate the ZAC's position that the population's state was poor and worsening, and insufficiently appreciated by the occupiers.[178]

Once again, these claims were met with great scepticism. A British observer of the ZAC meetings noted with disdain that the 'deterioration of health among the population has become so much a platform point among politicians that none would dare countenance any suggestion to the contrary'.[179] The Germans had vastly exaggerated both the incidence and the death rates, British observers argued, which were deliberately intended to attract world sympathy.[180] Meiklejohn pointed out that exaggerated incidence rates were a result of the new German instructions for granting additional rations to TB patients, and that doctors were 'conniving' with their patients. These instructions 'provide a simple way by which members of the public can get extra food with the connivance of their local doctor. We were told that already 400,000 people in Bavaria get such extra rations and the numbers are rapidly increasing.'[181] The Americans were once again duped by their German colleagues.

In September 1947, the British health authorities ordered an investigation into the situation. Philip D'Arcy Hart and Marc Daniels, two members of the MRC's scientific staff, found that contrary to German claims, the tuberculosis rate was roughly the same as in Britain, and in decline. Specific disagreements focused on the German methods of reporting cases and measuring rates. Daniels and Hart

---

[176] W. Eckart, 'Öffentliche Gesundheitspflege in der Weimarer Republik und in der Frühgeschichte der BRD', *Das öffentliche Gesundheitswesen*, 51 (1989), 213–21. Dagmar Ellerbrock, 'Gesundheits-politik in der amerikanischen Besatzungszone 1945–1949', in Wolfgang Woelk and Jörg Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002), 313–46.

[177] Gollancz also got involved in this campaign. Letter to *The Times*, 30 Oct. 1946, printed in Gollancz, *In Darkest Germany*, 24.

[178] TNA, FO 1037/64, Confidential Report No. 17 on the 19th Meeting ending 26th Feb.1948 (25–6 Feb. 1948), dated 8 Mar. 1948. On the SPD policy on TB, see Hugo Freund, 'Sozialistische Gesundheitspolitik', *Sozialistische Mitteilungen: News for German Socialists in England*, 108 (Feb. 1948), 7–8.

[179] TNA, FO 1037/64, Confidential Report No.14 on the Sixteenth Meeting ending 13 Nov. 1947 (12/13 Nov. 1947), 20 Nov. 1947.

[180] TNA, FO 371/70888, Public Health Branch (IA&C Div), press release on the Daniels and Hart report.

[181] TNA, FD 1/418, 'Personal notes on the work of the Combined Nutrition committee by Dr A. P. Meiklejohn'.

---

suspected that the data was manipulated deliberately. 'We must refer here to the regrettable fact', they concluded, 'that German officials (some non-medical) have repeatedly during the past year issued to Allied journalists and other visitors misleading and sometimes even false information regarding the tuberculosis situation in Germany. These statements have had the effect of putting tuberculosis in Germany unjustifiably on the level of a sensational news item. Moreover, since it is generally known that tuberculosis figures are a sensitive index of social conditions, sweeping conclusions as to these conditions have been drawn from erroneous data.'[182] An MRC report confirmed these findings, and agreed that 'a great mass of propaganda is always emanating from Germany'. In fact, the 'German medical press takes part in this and brochures have been put out by firms and by medical organisations which are frankly intended by gross exaggeration to create an atmosphere of sympathy for suffering which may sometimes be imaginary.'[183] Overall, the 'authentic Control Commission view' was that 'while the majority of Germans are not being fed as well as of old, they have suffered little, if at all, in health, and that the minority, while suffering to a greater or lesser extent in health and vitality, has not suffered sufficiently to affect the vital statistics, the death rate, the infant mortality and the birth rate: that, indeed, no damage has been done to the health of the people as a whole.'[184]

The British preparations for the occupation of Germany had therefore misjudged the situation in their belief that it was possible to implement a system of 'indirect control'. This was not just because of a shortage of German administrators: once a series of compromises had enabled the restaffing of German authorities, indirect control could theoretically proceed. But, in fact, British officials showed considerable reluctance to implement indirect control.[185] The British authorities were more compelled to rely upon Germans in public health matters than in most other fields; public health even merited the establishment of one of the first zonal advisory bodies.[186] But here, too, tensions and conflicts persisted. The British remained the most aloof of the occupiers, with the least trust in, and willingness to rely on, local administrators.

In part this was caused by British psychological analyses of what the Germans were like, which led some British officials to question the German character's

---

[182] M. Daniels and P. D'Arcy Hart, *Tuberculosis in the British Zone of Germany, with a Section on Berlin—Report of an Inquiry made in September–October 1947* (London, 1948), 21. The investigation was ordered by Dr W. Strelley Martin (Public Health Adviser to the British Military Governor) and Dr R. W. Ryan (Deputy Public Health Adviser). This report was attacked by Ickerts and the Zentralkomitee zur Bekämpfung der Tuberkulose in der Britischen Zone, see Franz Ickerts, *Tuberkulose in der Britischen Zone* (Hamburg, 1948).

[183] TNA, FD 1/418, S. J. Cowell, R. A. McCance, J. H. Sheldon, MRC report on the German situation, [Dec. 1947].

[184] This statement was based on extracts from Background Letter No. 15 of 23 Feb. 1948. TNA, FO 1037/64, Confidential Report No. 17 on the 19th meeting ending 26th Feb. 1948 (25–6 Feb. 1948), 8 Mar. 1948. Also printed in Uhlig (ed.), *Confidential Reports*, 180.

[185] For example, they were last of the occupiers to pass denazification responsibilities to the Germans. A. Königseder in Wolfgang Benz (ed.), *Deutschland unter alliierter Besatzung, 1945–1949/55: Ein Handbuch* (Berlin, 1999), 116.

[186] TNA, FO 1050/757, 'Military Government Instruction on Winter Epidemics', 17 Sept. 1945.

potential for being re-educated and reformed. In their eyes, German doctors' demands for food and supplies that were not due to them, and their use of apparently distorted or falsified medical data, suggested that they had not changed at all. As a GPRB paper stated in December 1946, their research had demonstrated that among the Germans a 'sense of responsibility for the past seemed to be a condition for a creative, hopeful attitude towards the future; those who had no conscious guilt tended to be apathetic or bitter; those conscious of guilt tended to be optimistic or constructive'.[187] The lack of both sense of responsibility and conscious guilt worried British officials throughout their time in Germany. British and German confrontations about the significance of malnutrition and tuberculosis touched on exactly what a German 'sense of responsibility' for the past should involve and what hope there was for a future democratic Germany.

In contrast to the other occupiers, the British seemed to lack a sense of mission in Germany. Unlike the French, their occupation was not a way of rethinking their place in the world—and unlike the Soviets and Americans, it did not herald a major new set of responsibilities in world affairs. Weighed down by concerns about occupation costs, the British found Germany disconcertingly dissimilar from the colonies they were used to administering, and the Germans themselves confusing and disturbing. Global political imperatives soon overtook them, and by the time the Federal Republic of Germany was founded in May 1949, these old worries seemed to have become ancient history. But in truth British concerns about Germany, its character and legitimacy, have survived for longer than the divided country.

---

[187] TNA, FO 1032/1464, 'History of the German Personnel Research Branch'.

6

Public Health Work in the American Occupation Zone

PLANS

Many features of the American approach to the occupation resembled those of the British. They had jointly prepared within the SHAEF organization, and so had similar general orientations, and public health was a subject on which American and British plans were particularly closely coordinated. In January 1945, Colonel William L. Wilson, deputy director of SHAEF's G5 Division (and later deputy chief of the American Public Health Branch in Germany), reminded his staff of the 'impossibility of separating American and British public health operations into strict national areas', and asked them to ensure close coordination.[1] SHAEF's Public Health Branch was led by Major General Warren F. Draper (drafted from the United States Public Health Service), and his deputies, the American Colonel Wilson and the British Brigadier Thomas F. Kennedy.[2] Initial American assumptions were similar to those we encountered in Chapter 5: they, too, insisted that Allied input into German reconstruction was to be strictly limited and no imports were to be made available; that any work was to 'be based upon a program whereby the Germans are made responsible for providing for themselves, out of their own work and resources'.[3] American guidelines also spelled out, just as the British had done, that existing German administrations were to be taken over and supervised indirectly, and health officers were instructed to supervise the German health system while also denazifying it.[4] In September 1944, General Eisenhower's proclamation No. 1 to the German people stated that the Americans intended to

---

[1] BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting convened by Chief, Public Health Branch, G-5 Division, SHAEF, for discussion of military government public health plans and operations', 15–16 Jan. 1945.

[2] Richard R. Taylor (ed.), *Preventive Medicine in World War II*, viii. *Civil Affairs/Military Government Public Health Activities* (Washington, 1976).

[3] JCS 1067, 'Directive of the United States Joint Chiefs of Staff to the Commander-in-Chief of the United States Forces of Occupation regarding the military government of Germany', Apr. 1945, repr. in Beate Ruhm von Oppen (ed.), *Documents on Germany under the Occupation, 1945–1954* (London, 1955).

[4] BAK, Z45F, 3/153-3/15, 'Chart indicating functional relationships between Ministries, Control Commissions/Councils and Staff Agencies', USGCC (Mil Gov Div B, Displaced Persons Section) to Director (Division B), 5 Nov. 1944. This chart listed the Ministry of the Interior, Dept IV and the Reich Public Health Office as the German health bodies that future health officials of the occupation authorities would have to liaise with and supervise.

---

take over and revive the existing administrative machinery, and ordered all German officials to remain in place and continue to work.[5]

Until 14 July 1945, when SHAEF was dissolved, the British and Americans shared and combined their plans for German occupation and military government. Thereafter the Allied forces were broken up into their national elements, and Eisenhower became commander only for the American troops. He was in charge of USFET (United States Forces, European Theater), and from March 1947 of EUCOM (United States, European Command). 'Separation meant', Eisenhower explained, 'that we had to sort out all our complicated and highly integrated staffs, organisations, and procedures in order to meet the new requirements of national administration and responsibility.'[6] From this, some notable differences between the British and Americans began to emerge. Most important for the early occupation period was that denazification in the American zone was both more ambitious in scope and less flexible in operation than that attempted elsewhere. The USFET directive of 7 July 1945 stated that everyone in a position of public responsibility had to be vetted through a questionnaire (the infamous *Fragebogen*) on their past, which would lead to a classification into one of five categories:[7] the removal of those in the first group from their positions was mandatory; the removal of those in the second and third groups was discretionary and rested with the military government officer responsible; the fourth group either faced 'no objection' to their employment or simply a lack of evidence to the contrary. Only for the fifth group would employment be recommended.

As a rule of thumb, mandatory removal would be warranted for anyone who joined the NSDAP before 1 May 1937—a considerable number. In September 1945—some time after a relaxation of denazification regulations had begun in the British zone—an American directive extended this procedure into the previously unaffected fields of industry and economy. The scope of the denazification grew even wider as American investigators uncovered further evidence on the involvement of doctors in medical war crimes. In May 1945, the *Civil Affairs Guide on Denazification of the German Medical Profession* (partly compiled by the American Jewish medical historian George Rosen), estimated that roughly half of all German doctors were 'proven Nazis'. The worst offenders were to be identified and brought to trial as soon as possible, the guide stated, but those trials should not absolve or remove suspicion from the rest of the medical profession. All German physicians would have to undergo a thorough denazification programme. Allied officers, the guide stated, would have to assess 'the degree of culpability of the individual physician or member of the auxiliary medical profession'.[8]

---

[5] Eisenhower Proclamation No. 1, *Amtsblatt der Militärregierung Deutschlands, Amerikanisches Kontrollgebiet*, quoted in Christoph Weisz (ed.), *OMGUS-Handbuch: Die amerikanische Militärregierung in Deutschland 1945–1949* (Munich, 1994), 9.

[6] Dwight D. Eisenhower, *Crusade in Europe* (London, 1948), 471, 473.

[7] e.g. A. Königseder in Wolfgang Benz (ed.), *Deutschland unter alliierter Besatzung, 1945–1949/1955: Ein Handbuch* (Berlin, 1999), 114–15.

[8] Quoted in Paul Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (Houndmills, 2004), 39. Many thanks to Paul Weindling for information about Rosen's role in compiling this pamphlet.

However, these formulations lacked definitions and specific guidelines. The denazification adviser to the Office of Military Government for Bavaria noted in 1950 that '[l]ike the rest of military government, denazification planning suffered from Washington indecision, Morgenthau plan influence, and Roosevelt's decision not to plan at all'.[9] The Americans, just like the British, lacked a detailed policy for dealing not just with the perpetrators of medical crimes, but also with the much larger number of those who had supported the Nazi regime. The problem was not simply that military government officers were 'temperamentally interested in "getting things done", not in tearing down—and standing by', as required by the occupation policy set out in JCS 1067/5,[10]—but that this document itself contained contradictions and blank spots. The denazification clauses in JCS 1067 called for the removal of those who had been more than 'nominal Nazis', but provided no formal definition of what this category involved, or explanation of how, and according to what criteria, allocation into the five categories was to proceed. There was a similar absence of instructions on which candidates would be suitable to work for the new authorities, and who could be trusted to work with, and for, the Americans, in the interim. There were more naturalized German émigrés among the American than the British troops, but most of them did not end up working for the budding German administrations. Rather, they tended to go to Germany as US citizens, and left again once their military service had come to an end.[11]

The American approach to denazification was shaped by a paradox not shared by the other occupiers. On one hand, Americans, too, shared a psychological understanding of Nazism, and had begun to explain fascism as a psychological or psychiatric condition. The prominent and well-funded Berkeley project on the psychology of anti-Semitism, for example, had turned the concept of an 'authoritarian personality' into a popular explanatory device for the causes and consequences of Nazism.[12] The conference on 'Germany after the war', held at Columbia University in spring 1944 after an initiative by the Joint Committee on Post-War Planning, built on the Berkeley project's findings to analyse the German character and its possibilities for re-education. It was attended by a number of government advisers and future military government staff.[13] Once in Germany, the American authorities presumably had some contact with the German Personnel Research Branch (GPRB) discussed in the Chapter 5. The GPRB's first project in the Ministerial Collecting Centre near Kassel lay in the territory of the American zone. Individuals active within the GPRB included men such as Geoffrey Gorer, long-time resident in the United States and adviser to the American government.[14]

---

[9] William E. Griffith, 'Denazification in the United States Zone of Germany', *Annals of the American Academy of Political and Social Science*, 267 (Jan. 1950), 68–76, at 68.

[10] Griffith, 'Denazification', 68.

[11] e.g. Klaus Mann, *The Turning Point: The Autobiography of Klaus Mann* (1942; London, 1987). For other examples see Marita Krauss, *Heimkehr in ein fremdes Land: Geschichte der Remigration nach 1945* (Munich, 2001).

[12] Theodor W. Adorno et al., *The Authoritarian Personality* (1950; New York, 1982), p. viii.

[13] TNA, FD 1/6046, 'Report of a Conference on Germany after the War', [undated].

[14] Gorer's first OWI study was published as *Japanese Character Structure and Propaganda* (New York, 1942), 'Themes in Japanese Culture', *Transactions of the New York Academy of*

Many American occupation officials, like their British counterparts, had been exposed to this kind of analysis.

But from the start, these prevalent psychological diagnoses of Nazism were partly undermined, ultimately perhaps even cancelled out, by the fact that the American authorities were much more outspoken than the British about a second conclusion: the occupation had to be used to spread American, or 'Western', values and ideas about democracy. The Psychological Warfare Division (PWD) of SHAEF spent most of its time devising ways to popularize democratic ideals and institutions in Germay, rather than on the removal of unsuitable Germans. Lucius Clay, Eisenhower's deputy and head of the zone's policy-making body, the United States Group Control Council (USGCC), remembered in his memoirs that books, magazines, radio, cinema, theatre, and music were all soon enlisted to convince the German population about the attraction of American-style 'freedom' and 'federal democracy', and, ultimately, the 'American way of life'. In this context, rigid psychological schemes about the German mentality were of little use, Clay insisted: 'We had much advice from those who professed to know the so-called German mind,' he wrote. 'If it did exist, we never found it; German minds seemed to us to be remarkably like those elsewhere.'[15]

'Unfortunately for all concerned', Carl J. Friedrich (a US occupation officer and professor of political science at Harvard of German origin) wrote in 1950, 'the term "democratisation" had divergent connotations for the Western Allies and the Soviet Union. Agreements, such as the Potsdam Agreement of 1945, embodying this phrase "democratisation", were therefore in reality no more than compromises in terms of a formula.' Even the Western Allies disagreed about the nature and implications of a future German democracy. As Friedrich observed, 'each democratic nation inclines to identify the concept of democracy with its own outlook. Hence, throughout this period, the free market economy, the compatibility of socialism with a free society, the position of the civil service, and similar issues have been focal points of controversy.'[16] And yet the democratization agenda soon became most central to the American occupation, and eventually helped to override some of the problems which weighed down British officials. Even though a clash between a strict interpretation of denazification criteria and an insistence on the democratization purpose of the American occupation hampered the work of the American authorities, compromises eventually smoothed the path. How was this possible?

Sciences, ser. 2, 5 (1943), 106–24, and 'The Special Case of Japan', *Public Opinion Quarterly*, 7/4 (Winter 1943), 267–82. See also Geoffrey Gorer, *Burmese Personality* (New York, 1943). After GPRB was closed, Gorer returned to the US and worked on US-based research projects such as Studies in Soviet Culture, coordinated by the American Museum of National History. Weston La Barre, 'Columbia University Research in Contemporary Culture', *Scientific Monthly*, 67/3 (Sept. 1948), 239. See also Geoffrey Gorer, 'The British Zone of Germany', *Fortnightly* (Dec. 1946), 281–7.

[15] Lucius Clay, *Decision in Germany* (London, 1950), 281–2.

[16] Carl J. Friedrich, 'Military Government and Dictatorship', *Annals of the American Academy of Political and Social Science*, 267 (Jan. 1950), 1–7, at 4.

COMPROMISES

When American troops entered German territory in the autumn of 1944, their initial reactions were similar to those of the British. The destruction in their zone was not as extreme as that confronted by many British units, but here, too, civilian life was severely disrupted, particularly in cities and larger towns. Administrative confusion was exacerbated by the zonal boundary with the French territory in the west, only finalized after endless diplomatic and military wranglings, which cut through existing infrastructures and administrative units. Many American commanders soon realized that even merely proceeding within their limited instructions concerning the 'prevention of starvation or widespread disease or such civil unrest as would endanger the occupying forces', would demand a more far-reaching involvement by military government than they had anticipated or prepared for.[17]

In many areas army officials began to collaborate with local Germans.[18] Here, too, relations with the Germans were coloured by the expectations and experiences detachments brought with them. Some officers in Bavaria were dismayed to find that their area had escaped damage, even though, as George Orwell and others noted, the 'Nazi movement actually started in this part of Germany, and there can be no question about the enormity of the crimes it has committed'. American generals, like the British, believed that although Prussia was the seat of German militarism, Bavaria had nourished Prussian ambitions, and, unlike Prussia, it seemed to have escaped punishment.[19] US troops liberated Dachau, a concentration camp near Munich, in April 1945. Like other Allied troops who had participated in the liberation of concentration camps, those who had been there tended to judge the local population in the light of the sights, sounds, and smells of extermination and decay they had experienced, while those who had not found relations with the Germans much more straightforward and cordial. The British war correspondent Tom Pocock, who visited Belsen concentration camp shortly after its liberation, thought that 'the liberators, the victors and indeed, all who had been involved with the opening of the concentration camps had, to some degree, been infected by them and it was not with typhus'.[20] American soldiers were just as marred by this infection as the British, Soviets, and French.

But such sentiments were often neutralized, not just by many GIs' fundamental lack of interest in politics and history, but also by a growing sense of sympathy for and familiarity with the defeated. General George S. Patton, always a loose cannon, was widely quoted for saying that '[t]his whole Nazi thing is just like a Democrat-Republican

---

[17] JCS 1067, 'Directive', Apr. 1945.

[18] Popular histories of the last war months and the Allied armies' first contact with the Germans include Max Hastings, *Armageddon: The Battle for Germany, 1944–1945* (London, 2004), and Barry Turner, *Countdown to Victory: The Final European Campaigns of WWII* (London, 2004). Also see Richard Bessel, *Germany 1945: From War to Peace* (London, 2009).

[19] George Orwell, 'Bavarian Peasants Ignore the War: Germans Know They Are Beaten', *Observer*, 22 Apr. 1945, repr. in *Orwell: The Observer Years* (London, 2003), 46.

[20] Tom Pocock, *The Dawn Came Up Like Thunder* (1945; London, 1983), 88. Turner, *Countdown to Victory*, 341 ff. The US Third Army liberated Buchenwald in Apr. 1945; the Seventh Army troops liberated Dachau on 29 Apr. 1945.

election fight', much to the outrage of the American press.[21] But similar responses came from others. William Robertson, an American army doctor, remembered that '[w]e didn't like the German troops, but we didn't particularly dislike the German civilian population. They were quite obviously suffering.'[22] Leon Standifer, a young GI stationed in Germany, later wrote that '[t]hose SS kids weren't very bright and had been taught some strange racial ideas, but they were ordinary boys. I was finding that I liked the German people more than I had the French or English…I blamed Hitler and the Nazi Party for massive atrocities, but they were dead or in prison.'[23] Shocked by the destruction and misery, many Americans also began to discover similarities and compatibilities between American and German culture. Even if any ethnic consciousness among the heterogeneous German-Americans had been on the wane,[24] German-born migrants and their descendants were, as late as 1950, more numerous than any other group of first- and second-generation Americans.[25] This is one reason why many American soldiers seemed to relate so quickly and easily to the ex-enemy population: culturally, socially, and ethnically they did not seem very different from the folks at home. Even their supreme commander, Dwight D. Eisenhower, was of German Mennonite stock.[26] In the light of Americans' rediscovery of familial and cultural ties to Germany, any real distinction between Germans (good or bad) and the Americans thus became increasingly difficult to articulate and uphold in practice.

This blossoming sympathy with the German plight was accompanied by the familiar problems of military discipline, and a move away from Washington's prescribed guidelines and priorities. Apart from 'souvenir hunting' and a thriving black market, it was soldiers' disregard of the fraternization ban which initially

---

[21] George S. Patton, *War as I Knew It* (1948), in Martin Blumenson (ed.), *The Patton Papers*, ii. *1940–1945* (1974). Also quoted in Leon C. Standifer, *Binding Up the Wounds: An American Soldier in Occupied Germany, 1945–1946* (Baton Rouge, La., 1997), 71.

[22] IWM Sound Archive, Dr William Robertson, 'An American doctor talking on conditions in Germany at the end of the war', Thames TV interview recorded in 1972.

[23] Standifer, *Binding Up the Wounds*, 146–7. Also see Leon C. Standifer, *Not in Vain: A Rifleman Remembers World War II* (Baton Rouge, La., 1992).

[24] Leslie V. Tischauser, *The Burden of Ethnicity: The German Question in Chicago, 1914–1941* (New York, 1990)—one of many regional studies of Germans in the USA, points out that German-Americans had not experienced a revival like other ethnic groups in the US 'because the building-blocks of an ethnic consciousness, language and loyalty to the old homeland, were lost between 1914 and 1941', 261.

[25] Kathleen Neils Conzen, 'Germans', in Stephan Thernstrom (ed.), *Harvard Encyclopedia of American Ethnic Groups* (Cambridge, Mass., 1980), 405–25, at 406. There is a large historiography of German immigrants and their descendants in America, see e.g. Frank Trommler (ed.), *Amerika und die Deutschen: Bestandsaufnahme einer 300jährigen Geschichte* (Opladen, 1986). LaVern J. Rippley, *The German-Americans* (Boston, 1976). Albert B. Faust, *The German Element in the United States*, 2 vols. (1909; New York, 1969).

[26] 'Eisenhower: a factual sketch', *Time*, 7 Apr. 1952. An early biography of Eisenhower narrates how Eisenhower's ancestors first arrived in America, see Francis Trevelyan Miller, *Eisenhower, Man and Soldier* (Philadelphia, 1944); while another discusses the Eisenhower family ancestry at length but focuses almost exclusively on religion, see Kenneth Sydney Davis, *Soldier of Democracy: A Biography of Dwight Eisenhower* (New York, 1946). Among more recent biographies are Carlo D'Este, *Eisenhower: A Soldier's Life* (London, 2002); Douglas Kinnard, *Eisenhower: Soldier-Statesman of the American Century* (Washington DC, 2002); Stephen E. Ambrose, *Eisenhower: Soldier and President* (1990; new edn. London, 2003).

---

caused the greatest headaches.[27] As one American put it a few years after his return from Germany: 'Here were the people who had once been renowned for their Goethe and their Schiller; now they offered to the world Dachau and Buchenwald. Their kitchens were still spotless, and the brown bread smelled delicious to soldiers tired of government issue white bread; their crematories were also spotless, and the barrels of human ashes stunned men who had seen death a hundred times on the battlefield.'[28] But if those soldiers who had seen the death camps saw non-fraternization as a reasonable policy, many of those who had not, together with growing numbers of American visitors to Germany, questioned the logic of the policy. 'Non-fraternization' included a range of prohibited forms of contact, such as shaking hands or eating and drinking with Germans, giving or receiving gifts, playing games or sports, sharing accommodation, as well as any form of sexual relations.[29] Earlier assumptions about the need for the rule—that it would protect Allied troops from German attempts to indoctrinate them with Nazi propaganda, and that it would demonstrate to the Germans the irreversibility of their defeat[30]— just did not seem to apply any longer.

At a press conference in the American zone in May 1945, one participant criticized the lack of a distinction between different kinds of Germans which was at the heart of the ban. 'Is there going to be any modification made in the non-fraternisation policy?', he asked. 'What I mean is, is there going to be any distinction drawn between Germans who were keeping people in Concentration Camps and Germans in Concentration Camps?' Clay did not have a good answer. He admitted that the ban had not been modified to date, nor did he know of any plans to change or abandon it. The non-fraternization rule, he said, related to 'the question of [the] regeneration of the German people' and a decision about when Americans would be 'ready to accept any part of them on any other basis than of a conquered country, which will be treated as it has earned the right to be treated'. The answer was clearly: not yet.[31] A month later, Parker Buhrman from the zone's Political Division similarly questioned the policy. He pointed out that it 'would seem to contain some serious misconceptions, particularly...relating to the "gulf between occupying armies and the Germans"', and it was 'certainly wanting in judicious objectiveness': 'If ever the present physical evidence of destruction, the destruction of the German armies, the loss of private property and resources, economic hardship and the specter of starvation does not convince the Germans of defeat,' Buhrman added, it was 'not likely that the emphasis on the "separation gulf" and "non-fraternisation" will do so.' Moreover, there was

---

[27] Robert Engler, 'The Individual Soldier and the Occupation', *Annals of the American Academy of Political and Social Science*, 267 (Jan. 1950), 82.

[28] Engler, 'Individual Soldier', 82.

[29] BAK, Z45F 44-45/4/6, 'Policy and instructions on relations with the Germans of Allied Armed Forces and Control Commission Staffs in the initial period of control', [21 Dec. 1944] and subsequent documents in this folder. On the fraternization policy and reality, see Maria Höhn, *GIs and Fräuleins: The German-American Encounter in 1950s West Germany* (Chapel Hill, 2002); Robert Moeller, *Protecting Motherhood: Women and Family in the Politics of Postwar Germany* (Berkeley, 1993).

[30] e.g. BAK, Z45F, 44-45/4/6, Lt. Muelder to Col. Calder, 26 May 1945.

[31] BAK, Z45F 44-45/1/6, press conference report, 16 May 1945.

---

no sound basis in human conduct or experience that would justify this policy. It risks turning the defeatism, frustration and possible hatred of their false leaders and government against us and is the best foundation upon which under-cover activities and rabble-rousers can build. If we are afraid to or unable to associate with these people in the normal, formal, practical, common sense way in the accomplishment of our mission, which is primarily to govern in a manner which leads to the establishment of a cooperative democratic state, the fault would seem to lie in us and the mission will in all likelihood be a failure.[32]

There were also dissenting voices. The purpose of the non-fraternization rule was to prevent soldiers from getting too close to the defeated, and a number of Americans noted with concern that breaking it had had precisely the anticipated effects. Other OMGUS officials thought that even if the policy was eventually discarded, it had been necessary and useful at the start of the occupation. Robert Murphy argued that it had at least 'served the useful purpose of bringing home to many Germans something of which I do not believe they were really conscious, notwithstanding the devastation of their country and their personal sufferings. That is the state of world opinion regarding them.'[33] But just a few months into the occupation this analysis became increasingly unpopular. Buhrman's colleague, Colonel Carter, insisted that fraternization was 'so intimately bound up with the full conduct of our Military Government in the Zone, and will so largely determine the "tone" of US Military Government, that we should re-examine our whole position in the matter in the light of Military Government objectives and necessities'.[34] Many officers thought that it was just not 'common sense' to prevent Americans from having social contacts with local Germans, and, at any rate, Germans were impossible to avoid.

Health officers were among the first to warn about the ban on fraternization. Even before occupation began, they voiced concerns that it would seriously affect the control of venereal diseases among Allied troops. A soldier's infection with VD was unquestionable evidence of his 'fraternization' with German women, and fears of punishment would mean infected soldiers would not seek treatment and further exacerbate the spread of VD.[35] 'It is known beyond doubt to all who are engaged in this work, whether in the medical, sociological or administrative field,' Boucher explained at a joint meeting, 'that there is no prospect whatsoever of achieving success in the battle against V.D. through the seemingly easy course of automatically making sexual intercourse by V.D. sufferers, or the transmission of the disease, a criminal offence.' 'Indeed it is highly probable', he went on, 'that it [such a

[32] BAK, Z45F 44-45/4/6, minute by Parker Buhrman (Political Division) to Colonel Carter and Robert Murphy, 15 June 1945. Parker Wilson Buhrman was US consul general in Munich, 1945–6, following a long career as an American diplomat.
[33] BAK, Z45F 44-45/4/6, minutes by Colonel Henry Carter and Robert D. Murphy, 23 June 1945. Compare to Murphy's critical assessment of the non-fraternization rule later on, Murphy, *Diplomat Among Warriors* (London, 1964).
[34] BAK, Z45F 44-45/4/6, minute by Colonel Henry Carter (Acting Chief, Office of the Secretary General) to General Milburn, 23 June 1945.
[35] BAK, Z45F 3/169-2/159, Colonel Scheele (Chief of the SHAEF Preventive Medicine Section) at the public health meeting of 15–16 Jan. 1945, p.16.

policy] has tended to produce the very evil which frustrates all workers in this field—viz, that of driving the disease underground.'[36] Since the Health Branch's 'main object' was 'to induce people to come forward for treatment', they objected to 'any sufferer being deterred from coming forward by the thought that disclosure of the disease will disclose an offence'.[37]

This health argument effectively undermined the fraternization ban even before political arguments about the value of American soldiers' contacts with the German population first came to be heard. It was strengthened by the availability of penicillin, which made the treatment of venereal diseases faster and more efficient. Under pressure from health officers, in June 1945 an order from Eisenhower conceded that 'disciplinary and punitive measures' would not be taken for the contraction of venereal diseases ('except in instances of wilful concealment of infection'), and that contraction of VD would 'not be used, directly or indirectly, as evidence of fraternisation or as evidence of violation by the individual on non-fraternisation with the inhabitants of Germany'.[38] In July 1945, German children were exempted from the ban, and in October the policy was officially, if quietly, abandoned.[39] As a result of the combined effects of pressure from the health officers, the availability of penicillin, and the growing fallout between the former wartime allies, fraternization between Americans and Germans 'was no longer framed primarily as a threat to the health of Allied troops but as a welcome solidification of Cold War alliances'.[40]

As American relations with the local populations flourished in many areas, their contacts with non-German Displaced Persons (DPs) proved less tranquil and helped to cement the new bonds between Americans and Germans. DPs were disliked by occupation officials and locals alike, both because their presence exacerbated chaotic conditions and because they appeared to receive comparatively disproportionate international support. Occupation staffs begrudged DPs as a burden, especially since they felt that UNRRA, the international body responsible for their care, was unwilling or unable to pull its weight.[41] Even if this criticism of UNRRA overlooked the fact that the organization's remits dictated close cooperation with military authorities in occupied areas, American officers' relations with UNRRA officials and DPs were fraught.[42] Leon Standifer remembered how one of his sergeants spoke about them: 'They're getting plenty of food, the same rations as you,

---

[36] TNA, FO 1050/10, W. Boucher to PM Balfour, 3 Dec. 1945.

[37] TNA, FO 1050/10, Legal Branch (Mil Gov Hannover) to Legal Division (CCG (BE)), Dec. 1945.

[38] BAK, Z45F 44-45/4/6, order from Eisenhower to commanding generals, 4 June 1945.

[39] BAK, Z45F 44-45/4/6, order from Eisenhower to all members of USFET, 27 Sept. 1945.

[40] Annette F. Timm, *The Politics of Fertility in Twentieth-Century Berlin* (New York, 2010), 189.

[41] e.g. TNA, FO 371/51418, Rt. Hon. P. J. Noel-Baker, MP (Minister of State) to Clement Attlee (PM), 13 Dec. 1945. The Red Cross teams nicknamed UNRRA 'You Never Really Relieved Anybody', see Caroline Moorehead, *Dunant's Dream: War, Switzerland and the History of the Red Cross* (London, 1998), 506. Also see TNA, FO 1050/10, D/Chief (IA&D Div, Bünde) to Boucher (Director, health branch, Bünde), 6 Nov. 1945.

[42] e.g. IWM 12511 02/49/1, Frederick Morgan's diary—written while he was director of operations in Germany for UNRRA (1 Sept. 1945 to 27 Aug. 1946), includes accounts of visits to DP camps and meetings with UNRRA and military personnel. A sanitized account appears in a chapter of his autobiography, Lieutenant-General Sir Frederick Morgan, *Peace and War: A Soldier's Life* (London, 1961).

---

but keep stealing. Every bunk in the barracks has a box of stale bread and rotting food that they're saving in case the supply runs out. These people are like animals!'[43] DPs were blamed for increases in petty crime, venereal diseases, and general unrest. An American military government report from October 1945 stated that during September '[t]he chief source of unrest and lawlessness continued to be found in the large mass of displaced persons', and that, by contrast, 'the German population in the U.S. Zone continued to be generally orderly, and crime rates were low'.[44] OMGUS health officials felt that German civilians were living on 'starvation rations', while DPs were apparently getting overweight from the food parcels and welfare packages sent to them from abroad.[45] In the American zone, just as in the British, German civilians made rather good first impressions, at least compared to other groups.

That made the job of public health officers much easier. To them, non-fraternization was all the more contradictory since their plans had specified that German administrators were to carry out the bulk of necessary tasks. Like their colleagues in the other occupation zones, the American military government had neither sufficient personnel nor experience to take over the collapsed German administrations themselves, and were compelled to find and appoint German executives. At first glance, the appointment of German health officials was less urgent than in the British zone. The initial staff allocation to the US zone's Health Branch was much more generous than the British, and it even increased in the first months: in August 1945 136 military government medical personnel were working in the American zone on German health matters.[46] In September this increased to 145,[47] and in October it rose further to 170.[48]

But although the allocation of health personnel was more generous, personnel pressures soon turned into a similar problem to that in the British zone. Plans had provided for the rapid redeployment of American troops to the war in the East, and then, after VJ Day, back to the United States. The October 1945 health report stated that around half of all military medical personnel were to be released by 1 January 1946, and their responsibilities to be taken over by US civilians and appointed Germans. 'Under the deployment program,' it stated, '65 of the 145 personnel now on duty could return to the United States by 1 January 1946 and 105 by 1 April 1946.'[49] A temporary delay to the deployment of 'certain essential

---

[43] Standifer, *Binding Up the Wounds*, 22.
[44] TNA, FO 371/46992, Monthly Report of Military Governor, US Zone, No. 3, 20 Oct. 1945, sent to the Foreign Office for information.
[45] 'Public Health and Medical Affairs: a supplement to the Monthly Report of the Military Governor, U.S. Zone', No. 4, 20 Nov. 1945, 16, noted that the minimum ration of 2,300 calories per person per day was provided in DP centres, and Red Cross packages and other non-rationed foods created an additional surplus. See also table ix, 'comparison of adult weight data, 1945, United States Zone', 16.
[46] 'Public Health and Medical Affairs', No. 2, 20 Sept. 1945, 1, and table i: Distribution of Military Government Medical Personnel, U.S. Zone of Germany, 1 Sept. 1945, 8.
[47] 'Public Health and Medical Affairs', No. 3, 20 Oct. 1945, 1 and table ii: Shortages of Medical Means, Military Government of United States Zone, 1 Oct. 1945, 10. The same number appears in BAK, 5/331-1/6 in a memorandum to Major General Stayer, 9 Oct. 1945.
[48] 'Public Health and Medical Affairs', No. 4, 20 Nov. 1945, 2.
[49] 'Public Health and Medical Affairs', No. 3, 20 Oct. 1945, 1.

individuals' among the medical officers was granted in December 1945, but only until early April 1946, when all redeployments were to be completed 'unless they specifically expressed their willingness to remain in Germany'.[50]

Because demobilization was scheduled to take place earlier and faster than in the British zone, it became urgent to ensure that sufficient Germans were available to take control of public health operations. The British problems stemmed from an inadequately sized Health Branch at the outset, whereas American difficulties reflected the hasty disbandment of existing personnel, but the results were similar. Of 165 military government medical personnel in the American zone on 31 July 1945, only 77 remained three months later. By November 1945, two out of the three million American troops in the zone had gone home.[51] Problems were made more acute by the limitations dictated by the denazification regulations on which Germans could be appointed. In the American zone, just as in the British, medical officers' petitions to relax denazification criteria, and make use of even politically suspect German doctors, proved particularly effective and successful.

In the American zone, too, an initial vehicle for highlighting the importance of 'public health' (with the prioritization of money and personnel this entailed) was a campaign to recognize the dangers of the coming winter months and to mobilize all possible resources to prevent a crisis. Health officers had their own interests in emphasizing the reality of health crises and the importance of public health, but everyone agreed on the need for more supplies, money, and personnel. At a press conference in August 1945, Eisenhower explained that the most urgent question was 'this winter and what are we going to do about it. Naturally it was not the concept of a Government to annihilate Germany. We have to keep them this winter in order to do anything about rehabilitating them later and to this end they must be fed, and all of our staffs of all units are struggling in various ways with the problems of fuel, housing and feeding.' Deflecting criticism from concerned taxpayers at home, he added: '[b]y feeding I do not mean any fancy menus. I mean merely on the existence level, and that is all I do mean.' For that to happen, more supplies would have to be brought into the zone. 'That does not mean I am going to get them fat, but it is inescapable that they must be fed this winter.'[52]

While a demand for more resources united all departments, health teams were able to move to the front of the queue by showing that their problems—above all the spread of infectious diseases, but also the inadequate living conditions which facilitated their proliferation—demanded urgent attention. In August 1945, the monthly health report for the American zone noted that extensive damages to utilities, water supply, sewage disposal, and housing had led to 'disrupted living conditions' that caused 'many small epidemics of dysentery, typhoid and typhus fever'.[53] It urged that immediate preparations be made in order to prevent worse to come.

---

[50] 'Public Health and Medical Affairs', No. 5, 20 Dec. 1945, 2.
[51] Balfour, 'Four Power Control in Germany', in Balfour and Mair, *Four Power Control in Germany and Austria*, 104. Clay, *Decision in Germany*, 239–40.
[52] e.g. BAK, Z45F, 44-45/1/6, notes on the Press Conference held on 30 Aug. 1945.
[53] 'Public Health and Medical Affairs', No. 1, 20 Aug. 1945, 1.

Undamaged hospitals were overflowing with patients, and many operated in damaged buildings, and without electricity, water supply, or fuel to get them through the winter. Although it was 'imperative that repairs be made as rapidly as possible in order to increase the number of hospital beds and to conserve fuel', health officers complained, both 'necessary building materials and labor' were unavailable. 'With lack of fuel, shelter, and food, and the crowding that exists,' the report went on, 'illness and the danger of epidemics will increase the problem with the onset of cold weather.' There was only one solution: resources would have to be made available immediately to prevent an epidemic crisis during the winter months—potentially threatening the whole world.[54] Such a prospect was surely too dire to be ignored by Washington.

The health teams' call to mobilize for the winter involved not only material resources and American imports, but also the ever-important demands for personnel, both the numbers of available staff and their qualifications, salaries, and professional status. This required the freedom to disregard the denazification rules. American health officers, like their British counterparts, soon insisted that any strict interpretation of the denazification regulations prevented them from appointing Germans to the most important health operations and building a functioning health service, and so harmed occupation objectives.

Months into occupation it was still not clear whether officers were to be allowed to bend the rules. In October 1945, the monthly denazification report for the American zone acknowledged that, '[i]n view of the great number of individual cases involved', it had become vital 'to establish some rapid means of determining whether former members of the Nazi Party were more than nominal participants in Party activity'. But the old rules remained in force. 'As a rough guide,' the report explained, 'those who joined the Party before 1 May 1937 are considered mandatory removal cases, while those who joined later are given a further investigation.' This procedure had been criticized for its inflexibility and lack of discrimination, the report observed, and it had necessarily resulted in the unfair treatment of some individuals. Nonetheless, it went on, 'most of the Germans who deny their complicity in Nazi Party activity' were 'undoubtedly…merely attempting to obscure the facts and evade responsibilities for their actions'. After all, 'our policy of mass dismissal is not designed to please the German public. It has as its purpose the prompt removal of Nazi influence from public life. By virtue of its mandatory provision, some unjust arrests and removals are certain. Nevertheless, these can be corrected by individual review at a later date when our main purposes have been accomplished.'[55] Although the exact dates of party membership which mandated suspicion might be up for discussion, the classification of individuals into prescriptive categories persisted, and—health officers argued—severely restricted any 'pragmatic' room to manoeuvre.

[54] Military Government of Germany, 'Public Health and Medical Affairs: monthly report of military governor, U.S. Zone', No. 2, 20 Sept. 1945, 5.
[55] TNA, FO 371/46992, 'Denazification: Monthly Report of Military Governor, U.S. Zone', No. 3, 20 Oct. 1945, sent to the Foreign Office for information.

Initially, even when it came to public health, it appeared that the restrictions were going to be strictly enforced. The August 1945 health report stated that the internment camp in Kassel alone held forty-six former officials from the German Health Department, and the number was rising with each new wave of arrests.[56] An USFET directive from October 1945 confirmed health officers' fears, saying that in the search for Germans 'who might be suitable for employment in Public Health operations in administrative or teaching positions', no leniency could be tolerated. 'No names should be submitted', this directive stated, 'for individuals who came into discretionary removal, mandatory removal or arrest categories under present policy directed against Nazis, militarists or persons who held high public office under the Nazi regime.' In addition to fulfilling the political criterion, candidates should also 'possess the following qualifications: a. Administrative ability and leadership qualities of a high order. b. Professional qualifications of a high order. c. Physical and mental qualifications which would fit the individual into a responsible and difficult reconstructive task'. Overall, 'great care must be exercised in nominating these persons'.[57]

The Americans soon acquired the reputation of being the occupier who took denazification most seriously. A number of high-profile cases seemed to confirm this perception. American officials were behind the dismissal of people such as Ferdinand Sauerbruch and Franz Redeker from the Berlin Magistrat, while the other occupiers were content to let them remain. Despite this, there were American medical officers who argued vocally and influentially that strict denazification was not in the interest of public health and welfare, as well as impractical and impossible to carry out. In early July 1945, one official noted that thirteen of the German doctors he had appointed had been found to be politically unacceptable, but that they had to remain in office 'because suitable replacements are lacking'; there was no point in pretending otherwise.[58] The August health report argued that since Nazi membership had been compulsory for holding public office, the denazification ambitions were entirely unfeasible, at least for doctors, since 'all but a few Amtsärzte (local official physicians) were Reich employees', and 'nearly all physicians were compelled to be members of the NS Ärztebund'. According to initial estimates, over 90 per cent of Bavarian veterinary officials would have to be discharged. Given the scale of the problem, 'the replacement of the incumbent Amtsarzt by a politically acceptable and technically capable physician' would 'require a long and thorough search for personnel'.[59]

A month later, the health report stated that while some formerly active Nazis had been dismissed, and some replacements had been found, 'many replacements have been found to be inexperienced or too old and inactive'. Over half of the German health staffs appointed by the American military government had not been vetted,

---

[56] 'Public Health and Medical Affairs', No. 1, 20 Aug. 1945, 1.
[57] BAK, Z45F, 5/331-2/6, Adcock (HQ, USFET) to Director of Military Government Western Military District, 3 Oct. 1945.
[58] BAK, Z45F, 5/331-2/6, Colonel W. L. Wilson (Chief, PHB, SHAEF) to PHWB, IA&C, USGCC, subject: Information Concerning German Physicians in Official Capacity, 10 July 1945.
[59] 'Public Health and Medical Affairs', No. 1, 20 Aug. 1945, 1.

the report observed, and those who had been assessed and found unacceptable still remained 'due to operational necessity'. After all, '[m]aintenance of health is essential even if denazification is less rapid than desired'. The report went on to say that it was 'possible that much of the present typhoid incidence in Bavaria is due to the appointment of inexperienced Amtsärzte and other public health officials to replace experienced officials who were dismissed for political reasons'.[60] A month later, in October 1945, frustrations were growing. 'Obtaining denazification without impairment of health operations continues to be a tedious and hazardous function', and the most arduous obstacles included the 'suitable interpretation of nominal categories, times at which their removals are mandatory, obtaining acceptable and qualified replacements and disposition of those removed'.[61]

Calls for a relaxation of denazification came from medical officers (both German and American) in all parts of the zone. As one appeal stated, compromises were '[u]rgently needed in the interest of the medical care for the civilian population'.[62] A German doctors' organization argued that, after a review of the questionnaires from the doctors practising in their area, it was clear that the American proposal to exclude all those physicians from practice who had joined the NSDAP before 1937 would be disastrous. 'The execution of the planned measure would be the end of the medical providing [*sic*] for the population,' it argued, 'as substitutes, ready for use, are not sufficiently available.'[63] Other German doctors complained that the lack of physicians hampered the operations of hospitals, and pointed to the 'anticipated hateful reaction of the population when the sick suffer or perish unattended because a doctor, although only a passive Party-member, has been dismissed'.[64]

The American Public Health Branch tended to agree. 'If actual hazard to health is involved', one official wrote, it was necessary that 'non-medical Military Government Officers be prevented from indiscriminate removals of the nominal categories until suitable replacements can be found and placed on duty'.[65] In December 1945, General Stayer explained in a letter to the Denazification Policy Board that it was 'imperative that adequate staffs with experienced chiefs of services be maintained in hospitals, that public health offices be occupied by well trained physicians, and that there be an adequate number of capable doctors to care for the people. Otherwise there will be increased sickness, more hospital beds will be required, and these will be occupied for unnecessarily longer periods'. The rules themselves were impractical and unjust, he insisted: 'Reliable anti-nazi [*sic*] physicians have stated that under the Nazi regime it was impossible to obtain appointment to or promotion in a medical school or hospital without first joining the party and that, as presently applied, the policy of denazification is unduly penalising the German

---

[60] 'Public Health and Medical Affairs', No. 2, 20 Sept. 1945, 1/2.

[61] 'Public Health and Medical Affairs', No. 3, 20 Oct. 1945, 1.

[62] e.g. BAK, Z45F, 5/331-2/6 (fiche 3), request for release of Dr Albrecht Borsche, 18 Dec. 1945. Borsche was a German POW held in a camp in Ostholstein.

[63] BAK, Z45F, 5/331-2/6, Dr L. Schuchardt (German doctors' organization) to Colonel Litton (Darmstadt, OMGUS), 14 Sept. 1945. Their translation.

[64] BAK, Z45F, 15/108-1/48, 'The German View: a report for counter-intelligence', HQ USFET, Military Intelligence Service Centre, 19 Nov. 1945.

[65] BAK, Z45F, 5/331-1/6, 2 Oct. 1945, on the lack of civilian qualified health officers.

people and is increasing the burden on doctors, hospitals and public health officers.' Stayer and his staff insisted that the dateline of 1 May 1937 was 'arbitrary', and 'many who joined the Party before that date had been ignorant or idealistic while many who joined after 1937 were opportunists…[N]either the date-line, 1 May 1937, nor membership in NSDAP or one of its affiliate organizations are of themselves reliable indications of a man's belief or share in Nazism. This Branch suggests, therefore, that the date-line of 1 May 1937 be abolished and that each case be judged on its own merits, unfettered by this false criterion.'[66]

The British and Americans had developed their denazification programmes together, and in general developments were similar. But it took significantly longer for American medical officers' urgency argument to have an effect; the British willingness to relax denazification began rather sooner. When in November 1945 the British War Office collected information on the staffing situation in the public health operations in the western occupation zones, British health officers already reported that a decision had been made to 're-employ…nonactive members of the NSDAP'. In the same survey, the American Health Branch, by contrast, were unsatisfied with the lack of expediency in their own zone, especially with regard to denazification. While the British reported that the number of German medical personnel in their zone was slowly becoming 'adequate', both for present and for potential epidemic conditions, the Americans stated that their available German personnel was not adequate for either.[67]

Things did begin to change. A draft of a new policy directive from August 1945 suggested that the 'practical needs' of the occupation officers in charge of industrial issues and reparations ought to be acknowledged. 'Situations have arisen', it stated, 'in which it becomes desirable to make use of the technical skills and experience of certain German specialists, found to be in arrest categories, in the re-establishment of permitted German industrial undertakings when their skills are essential to the operation of such industries and where acceptable personnel with the necessary qualifications are unprocurable.' The relevant division head should be allowed to make a case for using these people to the Public Safety Division, including the 'duties to be performed and qualifications of the individual which appear to make him indispensable', and no such persons were to be used 'except in cases of absolute need', and only temporarily.[68] Although still relatively strict, such formulations began to allow for the possibility of circumventing restrictions if the circumstances dictated it, and thereby opened the door to more substantial reinterpretations. Health officers used precisely this language to argue that the retention or re-employment of German doctors in dismissal or arrest categories was 'absolutely necessary', and that their qualifications did indeed make them 'indispensable'.

---

[66] BAK, Z45F, 5/331-1/6, Major General M. C. Stayer (Chief, Public Health Branch) to the Denazification Policy Board, 21 Dec. 1945.

[67] TNA, FO 1050/10, Chief of Staff, British Zone (Lt. Col. B. Robertson) to Under-Secretary of State for War (War Office, London), [Nov. 1945].

[68] BAK, Z45F, 44-45/8/18, draft 'Policy regarding use of German technical specialists and government technicians who are in arrest categories', Major T. J. Bee, (Asst. Adjutant General) to Commanding General of USFET, 30 Aug. 1945.

In the British zone, doctors dismissed from public employment (such as those working at hospitals or as medical officers) were allowed to practise privately, since their medical licences remained untouched by the denazification procedures. By contrast, in the American zone there was significant opposition to allowing them to continue to work. In July 1945, one health officer argued that doctors to be dismissed ought to lose their licences completely. It was known, he noted, 'that Doctors, Dentists, Nurses and etc. who previously occupied positions of importance in the Nazi Party and affiliated organisations, when dismissed from their positions, acquired private practices'. Since 'their public contact can be considered as vitally significant', he argued, '[r]emoving this category of personnel from public life without delicensing them is only partly divorcing them from extensive public contact'. He 'recommended that the delicensing of this category of personnel should be included in the decisions where the directives indicate mandatory dismissal.'[69]

However, the shortages of qualified personnel, both of medical practitioners and health administrators, prevented the systematic application of such ideas. The zone's authorities gave out temporary licences to maintain a basic network of medical care.[70] Just as in the British zone, compromises focused on recruitment into unpopular positions in hospitals and administration, where it was difficult not only to find politically acceptable doctors but also to tempt them to take the job. The American health report from July 1946 noted that a major deficiency was the lack of sufficient numbers of qualified health officials, and said that this could, at least in part, be explained by their 'inadequate salaries'.[71] Others also maintained that in these conditions, jobs in the health administration had to be made more attractive to private practitioners. In Bavaria, the German head of the Bavarian Health Department apparently received a monthly salary of 'some 800' Reichsmark, while 'an average successful private practitioner' earned 'in the average some 1,000 RM. This situation is general throughout all public health administrative positions and to a great extent tends to keep any qualified individuals from offering themselves for public office.'[72]

That recruitment compromises and increased salaries were considered necessary in Bavaria is all the more remarkable because in the whole country, it had the greatest quantity of doctors and the highest ratio of doctors per head of population. During the war, many doctors from across Germany had settled in the comparatively

[69] BAK, Z45F, 5/331-2/6, Marvin Linick (PHO, 3rd Detachment, HQ) to GO 3rd Medical Group, subject: delicensing of Nazi medical personnel, 20 July 1945. See also subsequent correspondence in this file.

[70] e.g. Z45F, 5/331-2/6, Oscar A. Nelson (Captain MC, Public Health Officer) to The Office of AC of S, G2, Bremen Port Command, 17 Jan. 1946, discussed the case of Martin Schlütz: dismissed on 9 Nov. 1945 from his post as director of the homeopathic centre at the city hospital in Bremen because of his early entry (Apr. 1933) into the NSDAP, but was given a temporary licence and returned to his former position, 'The reason being that according to Subject, he could not be replaced.' On temporary licences, see Lt. Col. Philip D. Beckjord (Chief Public Health Branch) to Director (Denazification Division, Attention Major Darlock), 27 Aug. 1946.

[71] 'Public Health and Medical Affairs', No. 12, 20 July 1946, 2.

[72] BAK, Z45F, 5/331-2/6, J. Pappas (Chief, Public Health Branch, IA&C Division) to Director OMG Bavaria, 15 July 1946.

unspoilt Bavarian towns and villages. The resulting surplus was increased further when, in the wake of the Red Army's advance into Germany, many doctors fled to Bavaria from what was soon to become the Soviet-occupied zone. The severe shortages there were matched by Bavarian surpluses. 'At present there are far more doctors in Bavaria than there are available practices,' one American official noted in May 1946, 'Therefore, on the expiration of temporary settlement licenses granted during the war, the Ärztekammer is refusing permanent settlement licenses to refugee doctors in this area. These people are thus forced to return to their home provinces.'[73] However, the high density of private practitioners was not matched by an adequate supply of medical officers working for the health service, and American and German authorities thus argued that a relaxation of denazification was necessary.

The archives document the kind of procedure that was widely practised. Requests were put to the zone's authorities for the retention or re-employment of individuals in the dismissal or arrest categories, occasionally by American medical officers, but usually by German officials or authorities (whether health offices, hospitals, medical faculties, or clinics). These requests were generally granted 'if no military objection exists', and usually none did.[74] Although American officials sometimes grumbled about the 'administrative burden' of these demands (requests had to travel up the military chain of command, and decisions back down again), they generally seemed to 'appreciate the desire to bring back friends [of] accepted established administrations', and did their best to facilitate this process.[75] The requests were often justified by claims that although the individuals found themselves in a suspect category, they had never been interested in Nazi propaganda or any political causes. The American authorities soon developed and internalized German arguments on why any denazification of the medical profession was unwarranted. As one German doctors' organization put it, 'the German physicians showed an unpolitical attitude indeed, even during the years of the Nazi government—apart from a few exceptions. These few exceptions proved their political interest by entering the NS-party already before it had come to power and being really active in the party or in its organisations. The physicians at large desist from those elements and leave them alone.'[76]

These claims of medics' aloofness from politics often confirmed American health officials' own instincts. They regularly supported demands for the appointment of apparently suspect individuals with recommendations from former

---

[73] e.g. BAK, Z45F, 5/331-2/6, Byron Waksman (Captain, MC, Acting Chief Public Health & Welfare Branch, OMG Bavaria) to OMGUS, Attention Colonel Wilson, 3 May 1946. BAB, DQ1/92, Kreisarzt in Memmingen to health office, 9 Jan. 1946—he quotes a directive from the Bavarian State Ministry of the Interior, according to which all non-Bavarian doctors who did not have a licence to practise in Bavaria on 1 Jan. 1939 were to be sent back home, or if they came from the newly annexed territories they were to go to Saxony or Thuringia in the Soviet Zone.

[74] e.g. BAK, Z45F, 5/331-2/6, discussion of the case of Professor Schaupp, who was requested by the Medical Faculty of Tübingen University, 26 Oct. 1945, and following letters.

[75] BAK, Z45F, 5/331-2/6, James P. Pappas (Chief, Public Health Branch) to District Public Health Officer (Western Military District), subject: Release of German Physician PW in British Camp, 13 Nov. 1945.

[76] BAK, Z45F, 5/331-1/6, Dr L. Schuchardt (German doctors' organization) to Colonel Litton (Darmstadt, OMGUS), 14 September 1945. Their translation.

research colleagues in the United States or Britain. In September 1945 Health Branch officers were delighted when a Dr O'Brien from the Rockefeller Foundation contacted the military government in response to a request for information on a number of German doctors and medical researchers, all of whom he recommended warmly. Among them were the 'outstanding' neurologist Georg Schaltenbrand; the surgeon Wilhelm Tönnis, who had given 'friendly help' to Allied prisoners; and the biochemist Professor Lenhardtz—a 'non-party man', who had maintained, O'Brien wrote, 'a pretty strict scientific attitude about his work'. In all three cases contact had broken down during the war, and in reality O'Brien knew little about their activities during the Nazi regime, but all three had been Rockefeller fellows in the past and were therefore presumed to be suitable for reappointment.[77]

In the absence of reliable testimonials and productive ideas on which Germans were suitable for employment (rather than those who were not), health officers welcomed such recommendations, even if this contradicted the judgement of the denazification branches of military government. Schaltenbrand's past was at best murky, despite his own protestations to the contrary: Paul Weindling has documented some of his medical experiments without consent on mentally disabled persons during the war, which on several occasions had killed his test subjects.[78] But his medical colleagues in Britain and American rallied to his support. When the British scientist E. B. Strauss toured universities in the French and American occupation zones in the summer of 1946, he said there could be 'no possible doubt' that Schaltenbrand 'was a consistent anti-Nazi'—even if it was unfortunately true that, 'in order to be permitted to continue with his . . . work', Schaltenbrand had in 1943 'allowed his name to appear on a list of local party-members'. 'The consequences of this have been tragic', Strauss argued: not only was Schaltenbrand's house requisitioned, leaving him, his wife, and four children homeless, but he was also sacked from his post at the University Hospital in Würzburg.[79] But while British and American scientists argued for his innocence, those in the denazification branches were unconvinced. When the Allied Field Information Agency (FIAT) commissioned him to write a survey of the state of neurology in Germany,

---

[77] BAK, Z45F, 5/331-2/6, Howard Hansen (PHWB, USGCC, HQ) to Colonel Wilson (G5, USFET, PHW), 20 Sept. 1945. On Schaltenbrand see n. 78; on Tönnis, see Paul Weindling, 'Akteure in eigener Sache: Die Aussagen der Überlebenden und die Verfolgung der medizinischen Kriegsverbrechen nach 1945', in Carola Sachse (ed.), *Die Verbindung nach Auschwitz: Wissenschaften und Menschenversuche an Kaiser Wilhelm-Instituten* (Göttingen, 2004), 255–84.

[78] Weindling, *Nazi Medicine*, 188–9; and Paul Weindling, ' "Out of the Ghetto": The Rockefeller Foundation Confronts German Medical Sciences after the Second World War', in William H. Schneider (ed.), *The Rockefeller Foundation and Biomedicine: International Achievements and Frustrations from World War I to the Cold War* (Bloomington, Ind., 2002), 208–22. Ernst Klee, *Deutsche Medizin im Dritten Reich: Karrieren vor und nach 1945* (Frankfurt, 2001). Schaltenbrand categorically denied the criminality of medical experiments conducted during the Nazi years, see W. Villinger and G. Schaltenbrand, 'Erklärung', *Der Nervenarzt*, 24/11 (July 1953), 362–4.

[79] TNA, FD1/2483, E. B. Strauss, 'Observations and Suggestions: Report on his visit to certain Universities in the American and French Zones, August 1946, by E. B. Strauss, M.A., D.M. (Oxon.), F.R.C.P.' [Aug. 1946].

---

he was removed from his hospital post.[80] The lack of a consensus between different parts of the occupation machinery could hardly have been more striking.

The files contain many other cases of tarnished reputations and Allied attempts to save them, such as that of Professor Carl von Hindelang, who, as a 'son of a well-known Nazi activist' and with 'a history of considerable Nazi activity with decorations', found himself in the 'non-employment mandatory' category. The bishop of Chichester wrote a recommendation, explaining that although Hindelang had 'put his trust in Hitler', in fact 'Germany was to him much greater than Hitler'. He had been uncomfortable with some Nazi policies, 'particularly with regard to the Jews'. Hindelang had already 'repented of his Nazism before the war, and at real cost to himself'. In addition, the bishop went on, Hindelang was 'a brilliant doctor, and it would be a real tragedy if he were permanently prevented from exercising his remarkable gift'. Other references followed. 'A well-known American Dr' wrote that 'the world' would be 'losing a great deal if [Hindelang] is not permitted to continue.' A British solicitor and former patient of Hindelang's thought that the German physician had discovered a substitute for insulin, and insisted that it would be a 'tragedy' if he was not allowed to 'use his skill as a specialist' and save lives when 'the need is so great'. The Public Health Branch wanted to reconsider Hindelang's case, swayed by 'Prof. Carl's apparent high professional standing'. But the case had already been handed over to a German tribunal, and there was little they could do.[81]

Another revealing case concerned Professor Max Hochrein, on whose behalf Paul Dudley White, a well-known and well-respected physician at Massachusetts General Hospital who later became Eisenhower's cardiologist, wrote to the American authorities in Germany. Hochrein had been a long-standing member of the NSDAP, and, following a period of internment, was still out of work in spring 1946. White explained that Hochrein had been 'an acquaintance of mine extending over a good many years', and he thought that, 'despite his Nazi party membership, he should be allowed to do medical work in Germany for the good of his people. He is an able man and doubtless can help to improve the standards of medical care and even of clinical investigation in his own field.'[82] The Health Branch took this recommendation very seriously. 'Because of your letter', they replied, 'this office has taken more than ordinary interest in Professor Hochrein

---

[80] Georg Schaltenbrand, *Neurology: FIAT Review of German Science, 1939–1946, Account of Investigations and Advances Made by German Scientists* (Office of Military Government for Germany, FIAT, Wiesbaden, 1948), pts. 1–3. Georg Schaltenbrand (ed.), *Naturforschung und Medizin in Deutschland 1939–1946, für Deutschland bestimmte Ausgabe der FIAT Review of German Science, Vol. 80–82: Neurologie* (Wiesbaden, 1948).

[81] BAK, Z45F, 5/331-2/6, G. H. Garde (Adjutant General) to Director, Public Health Branch, IA&C Div, Zonal Executive Offices, CCG, Bünde, 20 Nov. 1946. Bishop of Chichester reference for Prof. Carl von Hindelang, 20 May 1946. Gwendoline Hill (Advisory Officer Save the Children Fund) to Major Ledbury (Zonal Executive Offices, IA&C Division, 62 HQ CCG), 16 Sept. 1946. The material on Hindelang was sent from British Public Health and Welfare Branch to the Director, OMG Bavaria (Attention Senior Public Health Officer) on 15 Oct. 1946.

[82] BAK, Z45F, 5/331-2/6, Paul Dudley White (Massachusetts General Hospital), to ETO surgeon, 26 Apr. 1946.

---

and will try to give him assistance in locating in some city where he could return to his specialty. The possibility of getting Professor Hochrein located with one of the Medical Faculties in the U.S. Zone is being given consideration. Undoubtedly his present situation is most unsatisfactory to him and it is unfortunate that his training and ability are not being utilised fully.'[83] Although they failed to find him a job, it was not for lack of trying. But by then many of the direct responsibilities of selecting and employing Germans had already been handed over to the German authorities, who were not nearly as keen on Hochrein[84]—or perhaps resented being told what to do by the occupiers. American health officials shared White's disappointment, they wrote later, and his interest was 'deeply appreciated', but 'under a policy of delegating full responsibility to the Germans for the management of their own internal affairs as rapidly as possible, Military Government refrains from directing the placement of individuals'.[85]

The cases of Hindelang and Hochrein show that 'indirect control' was a real feature of health work in the American zone. This is explored further below. But for denazification priorities, these examples illustrate the power of references and testimonials from the scientific establishment abroad. They point to the existence of a set of scientific and medical connections between German doctors and medical colleagues abroad, who protected and aided them in their post-war careers, especially in the absence of other criteria. It was, after all, American policy 'to encourage the reestablishment of relations between members of the German medical profession and associations of medical men elsewhere in the world'.[86]

Practical compromises were made later in the American zone than in the British, but the kinds of arguments used by health officials were similar and eventually had similar results. In addition, these compromises often found fertile soil because American officials were much more explicit than their British counterparts about having to bring 'American concepts and traditions' to the defeated, and teaching democracy.[87] As Lucius Clay put it, the 'Development of Democratic Attitudes and Methods' had to be one of the main features of the American occupation; and so some morally compromising policies could be tolerated and justified if they helped German democracy.[88]

In autumn 1945, as non-fraternization regulations were lifted, and Americans were officially allowed to talk to and interact with German civilians, Eisenhower reminded the US forces that the real work had only just begun: 'the shooting war' had been won, but 'the war for men's minds' was still going on. American soldiers

---

[83] BAK, Z45F, 5/331-2/6, H. T. Marshall (Deputy Chief, PH&WB) to Paul Dudley White, 9 Sept. 1946.

[84] BAK, Z45F, 5/331-2/6, Ross Jenney (Chief, PHB, OMG Bavaria) to Paul Dudley White, 28 Jan. 1948.

[85] BAK, Z45F, 5/331-2/6, Milford Kubin to Paul Dudley White, 10 Feb. 1948.

[86] BAK, Z45F, 5/331-2/6, James Kind (Staff Secretary Berlin) to Dr Rudolf Thiel (Director of University Eye Clinic, Frankfurt), 11 Dec. 1947.

[87] Dwight D. Eisenhower, *Crusade in Europe* (London, 1948), 480.

[88] e.g. Lucius Clay to John McCloy, 3 Sept. 1945, repr. in Jean Edward Smith (ed.), *The Papers of General Lucius D. Clay* (Bloomington, Ind., 1974), i. 66.

had to be 'democracy's best ambassadors'.[89] Once occupation staff's wives and children joined them in Germany, they, too, were drafted into the democratization mission. Although they invariably lived in requisitioned houses or apartments, they were to introduce a humane element into the occupation and teach values such as compassion and benevolence. As representatives of a society 'that enjoyed prosperity and democracy without persecuting or exploiting other peoples', they were an example of democratic family and home life.[90] Democratization rhetoric was present even in arguments about German appointments. In September 1945, military government departments were encouraged to use Germans as technical advisers and consultants, especially if they had 'known liberal views'.[91] They were to be taught 'that in a democracy all employees of government, whether provisional, advisory, or permanent employees, are in very real sense the literal servants of the people'.[92] The conviction that Germans should and could learn about democratic methods and processes led to the belief that military government ought not to intervene in their work, and made real 'indirect control' by American authorities more straightforward than in the British zone.

CONFRONTATIONS

Conflicts were an unavoidable feature of the occupation, and took place over a range of predictable issues. At the outset, émigrés and antifascist activists resented the Allies' proclamations of collective guilt and the fact that they were not consulted on what the new Germany should look like. During the occupation, complaints came from all corners of the zone about officers' 'dictatorial ambitions' and attempts to 'run their places like little kingdoms', which had the effect of 'atomising Germany even beyond the four-zone split'.[93] Other grievances concerned the shortages in food and other supplies, together with luxurious American lifestyles, pompousness, bureaucratic officiousness, or lack of interest in German suffering.

Many of these German complaints found American advocates, who used the American press to vent their views. An essay entitled 'Malice in Blunderland' described at length the contradictions and ineptitudes of American policy in Germany, where brutish American officials lived off the land, implemented obstructive, short-sighted, and punitive programmes for personal gain, and failed to understand what was at stake. The author, Joan Crane, was married to an OMGUS economic adviser in Berlin. 'The military here,' Crane wrote, 'with their

---

[89] BAK, Z45F, 44-45/4/6, Eisenhower 'To all members of the United States Forces in the European Theater of Operations', [undated].

[90] Donna Alvah, *Unofficial Ambassadors: American Military Families Overseas and the Cold War, 1946–1965* (New York, 2007), 133.

[91] BAK, Z45F, 44-45/8/18, Col. Bruce Easley (Adjutant General) to directors of divisions, Staff Officers and chiefs of separate sections, 6 Sept. 1945.

[92] BAK, Z45F, 44-45/8/18, USFET (Bruce Easley, Office of the Deputy Military Governor) to Commanding General, US HQ Berlin District, 23 Sept. 1945.

[93] BAK, Z45F, 15/109-1/48, 'The German View: a report for counter-intelligence', from HQ, USFET, Military Intelligence Service Center, 19 Nov. 1945.

rigid caste system and their punitive attitudes, are not the best group to demonstrate democracy to a foreign nation. Brigadier generals, like the Cabots and the Lowells,[94] have an inclination to mingle with themselves, colonels and majors with colonels and majors. Neither is a West Point training especially conducive to the development of imagination in the field of human relations.' Nor were they any better at picking suitable civilian advisers: 'Advising OMGUS you will find scarcely an economist or sociologist of distinction in his own field. Top policy-making and advisory jobs have gone to unknown professors from second-rate colleges, minor business men and salesmen suddenly turned "economic experts", and obscure lawyers—docile men for the most part, content to follow rather than to guide the military.' Visiting American industrialists were only interested in making a quick buck. Quoting a report submitted to the US Senate in December 1946, a shocking 25 per cent of the US forces in Germany had scored 'feeble-minded or only slightly above' in IQ tests, she maintained, and only 2 per cent 'showed enough intelligence to do satisfactory college work'; 10 per cent were 'not even high grade morons'; And such 'ignorant, sub-standard troops' were 'costing the American people $11,200 per man to support for each year that they remain in Germany'.[95] The *Saturday Evening Post* refused to print the article, its foreign editor explained to the military government, 'on the grounds that it was overall too one-sided'[96]—but other critical stories did make it to press.[97]

Even though the denazification criteria had relaxed by December 1945, dissent on the policy continued. By mid-1946 concerns began to be voiced about the lack of any real cleansing in the health service. Dr Gerlach, a German medical officer, complained to the American authorities about the 'repeated cases where physicians, having belonged to the former national socialist party, or having had connections thereto, have been appointed [as] Hospital Directors, by a local office, in spite of there having been available equally well, or better qualified absolutely unincriminated candidates'. He demanded that 'politically unincriminated physicians—if equally qualified—should be granted preference over incriminated ones'. Neglecting to do so would mean that 'almost all' former hospital directors would simply be able to walk back into their old jobs.[98]

Faced with such criticisms, American officers, although often sympathetic, usually felt compelled to defend 'pragmatism'. As Leon Standifer put it later, 'Our image was, and still is, pragmatism'; and 'pragmatism means getting the job done even though that may require the sacrifice of ethics, honor, and integrity'.

---

[94] Reference to the old American aristocracy, who did not understand 'democracy' and were thus ill-placed to teach it to foreigners. From John Collins Bossidy's poem from 1910, entitled 'Toast, Holy Cross Alumni Dinner': 'And this is good old Boston, The home of the bean and the cod, Where the Lowells talk to the Cabots, And the Cabots talk only to God.'

[95] BAK, Z45F, 3/177-2/4, Joan S. Crane, 'Malice in Blunderland', undated [Apr. 1947].

[96] BAK, Z45F, 3/177-2/4, Martin Sommers (Foreign Editor, Editorial Room, Saturday Evening Post) to Col. F. V. FitzGerald, 9 Apr. 1947.

[97] e.g. 'An army wife lives very soft—in Germany. By Mrs Lelah Berry, as told to Ann Stringer', *Saturday Evening Post*, 15 Feb. 1947. On Patterson's, Clay's and other OMGUS officials' views of this article, see correspondence in BAK, Z45F, 3/177-2/4, Feb.–Mar. 1947.

[98] BAK, Z45F, 5/331-2/6, Dr Gerlach (Public Health Commissioner), 26 Aug. 1946.

Such pragmatism was required particularly in handing civil control over to any Germans who were able to do the job, regardless of their political history.[99] Philip Beckjord, chief of the Public Health Branch, replied to Dr Gerlach that 'the Minister of Liberation might well require the Ärztekammer to draw up lists of doctors who are both professional[ly] suitable, and the least politically incriminated, for certain public positions, i.e. hospital service chiefs'.

This phrase on 'the least' politically incriminated shows how far things had come. Beckjord admitted he was 'very uneasy' over the extent of denazification in the medical professions. As far as he was aware, he wrote, 'no former Nazi who was supposed to have stopped practicing on August 1, either privately or in hospital, has done so. There are hundreds of such cases.' OMGUS had issued an order to rescind all temporary medical licences from 1 August 1946. But by this deadline, Beckjord observed, 'blanket extensions' were granted and 'the status quo [was] allowed to drift on in a welter of administrative confusion and conflicting interpretations'. The fact was that military government had 'issued an order which the Germans could not, or did not, carry out because of the feared effect on the public health', which had to take priority, even if American prestige suffered as a result. Ultimately, he argued, temporary licences should be extended until each case could be assessed properly. He did not believe the occupiers 'could really force the licencees to stop practicing. If we did, the public reaction would be terrific—about 406 of the profession would be affected; 250 doctors in Stuttgart alone.'[100] This reference to a public reaction against any more substantial denazification shows that concerns went far beyond the simple epidemic fears.

The American military governor's monthly report for October 1945 noted that the Germans had become 'somewhat bolder in their criticisms of Military Government policies'; apart from attacks on non-fraternization, 'the chief German reaction continued to be centered on the subject of denazification'. There was still a portion of the population, 'largely concentrated in the more extreme Left parties, which feels that denazification is not thorough enough and that mere removal from office does not constitute sufficient punishment', but most Germans thought the opposite:

> what they feel is the unjust inflexibility of the American denazification policy. These people are for the most part favorable to punishing 'real' Nazis but they dislike the fixing of an arbitrary date (1937) for judging the guilt of party membership. They claim that many of those who joined the party in the early days later repented of their move, whereas those who joined after 1937 were in many cases among the most ardent Nazis. They feel, further, that the punishment of dismissal is too indiscriminate as it places the heaviest burden on the lower middle class. They also repeat the familiar argument that extensive dismissals interfere with efficiency. [101]

The denazification report for the same month observed considerable public disquiet and sympathy for 'discharged Nazi small-fry', demonstrated by 'increasing

---

[99] Standifer, *Not in Vain*, 240.
[100] BAK, Z45F, 5/331-2/6, Minute from Philip Beckjord (Public Health Branch), to Director, Denazification Division (Attention Major Darlock), 27 Aug. 1946.
[101] TNA, FO 371/46992, 'Monthly Report of Military Governor, U.S. Zone', No. 3, 20 Oct. 1945.

numbers of petitions written [on] behalf of these ousted officials. Many are written by clergymen, others by respectable merchants and businessmen.' In some places, church groups had been 'especially active in an effort to reinstate teachers, on the grounds that many teachers joined the Nazi Party to prevent true Nazis from being hired as teachers'.[102] Denazification strained relations between occupiers and occupied throughout the early years of the occupation, and subsequent U-turns created further enemies. As William Griffith (the denazification adviser to the Office of Military Government for Bavaria), wrote in 1950, denazification policy had been a 'fiasco' and a 'failure'. Although '[m]ost United States denazification personnel were technically competent, hard-working and sincere', he regretted that 'their crusade for "real" denazification rested upon a faulty analysis of Germany and of Nazism, and—most important—of United States policy development. Although they, more than the rest of Military Government, glimpsed the problem of the overthrow of authoritarianism (militarists, industrialists and bureaucrats) behind that of the overthrow of Nazism, they dissipated their efforts on the small fry, and never grasped the exigencies of time and numbers. By the time they accepted the prevailing German standpoint that only Nazis should be attacked, it was too late even for that.'[103]

Apart from the more zealous American attempts to denazify the medical profession, the clashes and tensions between occupiers and occupied on health questions generally mirrored those in the other zones. Germans particularly resented that the priority of American public health work concerned the protection of American and Allied troops, with German health and welfare much lower on the list. As late as November 1946 German health departments were reminded that their primary task was to control infectious diseases and 'to eliminate public health hazards which may threaten the safety of the occupational forces or which may interfere with Military administration of Germany, or which may create a hazard for other countries of Europe or the world'—and they continued to object to such a prioritization of Allied health concerns over German problems.[104] German health officers particularly resented that American health authorities, just like the British, French, and Soviet, took the rising rates of venereal diseases much more seriously than diseases which did not affect their troops, such as tuberculosis.[105]

However, relations between Germans and Americans were less complicated than those with the other occupiers, primarily for two related reasons: the Americans were more popular in general, and they had considerably more resources at their disposal.

---

[102] TNA, FO 371/46992, 'Denazification: monthly report of the Military Governor, U.S. Zone', No. 3, 20 Oct. 1945.

[103] William E. Griffith, 'Denazification', 75.

[104] BAK, Z45F, 5/332-1/20, Milford Kubin (IA&C Div, PH&W Branch), 'Revision of Military Government Plans and Operations necessitated by adoption of German Land constitutions and Bi-Zonal agreement with British Military Government', 29 Nov. 1946. For earlier, similar statements, see BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting convened by Chief, Public Health Branch, G5 Division, SHAEF, for discussion of military government public health plans and operations', 15–16 Jan. 1945.

[105] This is commented upon in LAB, B Rep. 012/902/5, 'Besprechung der Amtsärzte am Donnerstag, d.23.5.1946'.

There was less overt hostility towards American soldiers, and public opinion surveys demonstrated that both the behaviour and the popularity of the American troops steadily improved as the occupation progressed. Only a minority of those polled felt that the Americans enriched themselves or had wasted or destroyed German property, and only a small proportion reported having 'unpleasant experiences with Americans'.[106] A poll in early 1946 showed that the majority of inhabitants in the American zone were optimistic that reconstruction would be accomplished with some degree of speed, energy, and fairness.[107] A survey in spring and summer 1947 revealed that the majority of Germans in the zone thought that the United States would wield the most influence in world affairs, and it would be directed towards peace. Of the four Allies, the United States was most trusted to treat Germany fairly, and an overwhelming majority thought they were better off than those in the other three zones, and would have chosen the United States as an occupying power.[108] These sentiments made the tasks of the occupiers much more straightforward and conflict-free.

Berliners in the western sectors were most likely to take a pro-American position, even before the blockade of 1948–9. Health officers were no exception. Those in the western city districts eagerly awaited the arrival of the Americans in the summer of 1945, complaining about the months of sole Soviet rule. At a Berlin Magistrat health office meeting in July 1945, shortly after the American, British, and French had taken over their districts, Dr Emanuel and Dr Redeker assured the assembly that things were going to get better now that the US occupation troops had arrived. The 'Americans want to help', they insisted, and it was 'even likely that they will send us some medicaments as soon as they can'.[109] After July 1945, when the Berlin-wide health officials had regular contact with all four authorities, the Americans continued to be the most popular. At a Magistrat meeting in August 1945, Colonel Scheffers from the American Health Branch was given a warm welcome. He and his colleagues were there to help, Scheffers said, and he was convinced it was possible to work in friendly cooperation with the Germans. Only 'the necessity for agreement with *all* Allied powers makes our work much more difficult', he told them. Whether he was referring to problems with French or Soviet obstruction (or both) is unclear, but it was a sentiment which the German health officers sympathized with.[110] When Russian officers appeared at these meetings, by contrast, it was mainly to complain that disease rates were still too high and that

---

[106] OMGUS Report No. 94 (24 Feb. 1948), 'Contacts between Germans and Americans', in Anna J. Merrit and Richard L. Merrit, *Public Opinion in Occupied Germany: The OMGUS Surveys, 1945–1949* (Urbana, Ill., 1970), 202–3, also 10.

[107] OMGUS Report No. 22 (25 Sept. 1946), 'A Study of Attitudes Toward the Reconstruction and Rehabilitation of Germany', in Merritt and Merritt, *Public Opinion*, 103–6.

[108] OMGUS Report No. 76 (29 Oct. 1947), 'German attitudes toward the four occupying powers', in Merritt and Merritt, *Public Opinion*, 180–1.

[109] LAB, B Rep. 012/902-5, 'Amtsarztsitzung vom 12. Juli 1945, 16 Uhr—Versammlung der Amtsärzte am 12. Juli im Hauptgesundheitsamt.'

[110] LAB, B Rep. 012/902-5, 'Bericht über die Dienstbesprechung der Amtsärzte am Donnerstag, dem 23. August 1945 [2nd draft]. Original emphasis.

---

not enough had been done to carry out Soviet instructions, which did not endear them to the Germans.[111]

American resources made a huge difference. The arguments about malnutrition and tuberculosis that erupted in the British zone never did so to the same extent in the American zone. The United States was the richest of the occupation powers, and the Ally least affected by the war—and contributed, and was seen to contribute, generous quantities of material supplies, food, and aid. From their arrival, Germans were struck by American affluence and generosity. As Heide Fehrenbach notes, 'The stereotype of the gum-chewing, chocolate-bar dispensing GI originated both in the actual social practices of U.S. occupation troops and in German perception of these behaviors as somehow uniquely American.' It served to differentiate them from the British and particularly the Soviets and French.[112] Germans in all zones were convinced, correctly, that food rations were largest and more regularly delivered in full, in the American zone.[113]

That is not to say that there were no serious shortages and supply problems. But American occupation officials argued—much more explicitly and forcefully than their British counterparts—with those at home unhappy about the occupation costs, that the democratization agenda could only succeed if Germans lived reasonably comfortably. Economic and political freedom was essential: material aid could help to convince Germans both about the reality of American support and the potency of American democracy.[114] Lucius Clay repeatedly pointed out that 'democratic processes' could only succeed 'in an atmosphere of political and economic stability',[115] and that the shortages of food and essential items such as fuel 'were not conducive to the creation of interest in the ways of democracy'.[116] At least in part this argument helped to convince sceptical politicians in Washington to agree to substantial increases in imports for German consumption.[117] While similar arguments also took place within the other Allied governments, the United States was least constrained by economic crises and supply problems at home and thus most able to respond generously.

[111] e.g. statements by Colonel Pigarev and Colonel Prokopets, LAB, B Rep. 012/902-5, 'Bericht über die Dienstbesprechung am Donnerstag, dem 4. Oktober 1945', 4 Oct. 1945.

[112] Heide Fehrenbach, *Race after Hitler: Black Occupation Children in Postwar Germany and America* (Princeton, 2007), 29.

[113] e.g. Report No. 64 (25 Aug. 1947), 'Trends in Attitudes Toward the Food Situation', in Merritt and Merritt, *Public Opinion*, 167–70.

[114] Compare with Dagmar Ellerbrock, 'Die kulturelle Konstruktion der neuen Ordnung: zum Zusammenhang von Demokratisierung und Gesundheitspolitik in der amerikanischen Besatzungszone', in Christian Groh (ed.), *Öffentliche Ordnung in der Nachkriegszeit* (Ubstadt-Weiher, 2002), 122.

[115] Lucius Clay, 'Memorandum: Internationalisation of the Ruhr', Apr. 1946, repr. in Jean Edward Smith (ed.), *The Papers of General Lucius Clay: Germany 1945–1949* (Bloomington, Ind., 1974), i. 196.

[116] Clay, *Decision in Germany*, 281.

[117] There is a large literature on food policy in post-war Germany, and its complex development can only be touched on here. An interesting discussion of the arguments used by Clay are presented in Günter Trittel, *Hunger und Politik: Die Ernährungskrise in der Bizone, 1945–1949* (Frankfurt, 1990). Also see Michael Wildt, *Der Traum vom Sattwerden: Hunger und Protest, Schwarzmarkt und Selbsthilfe* (Hamburg, 1986). John Farquharson, *Landwirtschaft und Ernährung in der Bizone, 1945–1949* (Frankfurt, 1990).

As a result, supply problems were simply not as acute as in the other three zones. The costly new drug penicillin was made available for the treatment of venereal diseases earlier and in greater quantities than in the rest of Germany: the American Health Branch requested the War Department to provide penicillin for the treatment of gonorrhoea among the Germans as early as September 1945.[118] Some German health officers were disappointed that penicillin was not then provided for other diseases, but it did immediately make the treatment of venereal diseases much more popular. Health officers noted that the numbers of registered cases 'increased markedly with announcements that penicillin was available for treatment of infected civilians'.[119] By December 1945, penicillin treatment for gonorrhoea was widely instituted, and the numbers of Germans treated continued to rise.[120] In January 1946 the German authorities were authorized to supervise most penicillin treatments themselves, and by spring 1946 large quantities of the drug had been made available.[121] By September 1947 supplies had increased to a monthly allocation of 21 billion units of penicillin for the zone: only 2 billion were needed for gonorrhoea, 12 billion units were used to treat syphilis, and 7 billion units were available for the treatment of non-venereal diseases.[122] At the same time, the Soviet zone suffered from severe shortages of penicillin, and even in the British and French zones it was not available in such plentiful capacities.

Debates between American and German doctors were also less severe because of the greater, and earlier, American willingness to put responsibilities into German hands. This tendency towards 'indirect control' was facilitated by two separate features of American policy. First, the urgent priority to release military forces for duties in the Pacific, and, after that, to discharge them to cut occupation costs, required that the American zone should be administered with as few American personnel as possible. For this reason alone German authorities thus had to be reinstated quickly, used consistently, and trusted to work effectively. Second, the desire to create a federal democratic system meant that the German population needed to be taught democratic methods. They could not easily learn without practical experience in administrative and governmental affairs, even if only initially at the local levels. Once they had mastered local practice they could acquire regional and national powers. To this end, the reconstructed German administrations were decentralized on the federal model at the level of the *Land* (or, as the Americans called it, the state).

[118] 'Public Health and Medical Affairs', No. 3, 20 Oct. 1945. 'Public Health and Medical Affairs', No. 4, 20 Nov. 1945.

[119] 'Public Health and Medical Affairs', No. 5, 20 Dec. 1945. On the popularity of penicillin in VD treatment, see LAB, B Rep. 012/902-5, 'Besprechung der Amtsärzte am Donnerstag, d.23.5.1946'.

[120] 'Public Health and Medical Affairs', No. 6, 20 Jan. 1946. But see Leiby on controversies surrounding the use of penicillin among the German population in the American zone, Richard Leiby, *Public Health in Occupied Germany, 1945–1949* (PhD University of Delaware, 1984), 157–9. Because of disputes, penicillin shipments were temporarily interrupted between Nov. 1946 and Jan. 1947.

[121] 'Public Health and Medical Affairs', No. 7, 20 Feb. 1946. On the western sectors of Berlin, see LAB, B Rep. 012/902-27, LGA report for Apr. 1947 by epidemic department, 5 May 1947, on meetings of the penicillin committee. Also see Timm, *The Politics of Fertility*, 222.

[122] BAK, Z45F, 5/331-3/10, Office of Military Government, Land Wuerttemberg-Baden, Public Health Conference in Berlin, 9 Sept. 1947.

In practice, these three issues—demobilization pressures, the democratization agenda, and the federal model—were closely intertwined. In September 1945, Lucius Clay wrote to John McCloy (assistant under-secretary of War, Clay's successor as American military governor, and a future Allied high commissioner in Germany) that the Germans had to be encouraged to take on administrative responsibilities. Local governments should be restored as soon as possible so that Germans could take on 'definite authority to handle local problems without supervision from above'. Local elections had to be held at the first opportunity, since they were 'one of the most important [components] in reestablishing democratic attitudes and methods'. These elections, Clay argued, would 'give the Germans an opportunity to learn democratic procedures on the lower levels before undertaking elections for larger units. At the same time, the election of such local officials will tend to relieve Military Government of many duties at that level.'[123] A few weeks later Clay spelled out even more clearly how these issues overlapped: 'If the Germans are to learn democratic methods,' he wrote to McCloy,

> I think the best way is to start them off quickly at the lower levels. Besides, this will help us reduce substantially the personnel required for Military Government. With so many officers returning to the United States during the coming months, we will certainly not be able to staff a large number of the local detachments with qualified men even by a vigorous recruiting program. Yet, we can hardly withdraw the local detachments until the officials appointed by us have been replaced by others selected by the Germans. When this has been done, I think we can effectively supervise their activities from the next higher level.[124]

As a result, as early as September 1945 the Americans created federal administrations for each *Land* with full legislative and executive powers, and from the start the German heads of these authorities, the minister-presidents, had more authority and independence than their counterparts in the other zones.[125]

The weight of administrative and governmental work was given to German staff some time before this was done in the British zone—including in the realm of public health. As the zone's health report for January 1946 noted, 106 American medical officers in military government detachments had been redeployed, and by 1 June 1946 there would be no more than 33 officers, with only 17 officers anticipated to remain by the end of June. The disbanded officials had been replaced by German civilians, 'as the latter resumed satisfactory direction of public health'.[126] Other reports listed the various responsibilities that had already been, or were soon going to be, handed over to the German health authorities.[127] By January 1946,

---

[123] Lucius Clay to John McCloy, 3 Sept. 1945, repr. in Smith (ed.), *Papers of Lucius Clay*, i. 66.

[124] Lucius Clay to John McCloy, 16 Sept. 1945, repr. in Smith (ed.), *Papers of Clay*, i. 76–7.

[125] Wolfgang Benz, *Potsdam 1945: Besatzungsherrschaft und Neuaufbau im Vier-Zonen-Deutschland* (1986; 3rd edn. Munich, 1994), 130.

[126] 'Public Health and Medical Affairs', No. 6, 20 Jan. 1946, 2.

[127] e.g. BAK, Z45F, 5/331-3/10, agenda for meeting on 8 July 1946 to review public health operations in the month of June 1946, 26 June 1946—anticipated the impending 'shifting of responsibility for [disease] reporting to the German authorities'.

significant changes had already taken place: German public health authorities resumed more or less complete responsibility at the local level, German-run nutrition teams were about to replace the American teams in operation,[128] and American personnel were being withdrawn below the level of the *Land*.[129]

Some conflicts persisted nonetheless. How far Germans could be trusted to carry out their newly regained responsibilities continued to be a matter of debate and disagreement, particularly after the British and American zones were merged into the economically unified Bizone in January 1947 (followed in April 1949 by addition of the French zone, just weeks before it became the Federal Republic of Germany). Some British occupation officers were dismayed about the Americans' heavy reliance on German authorities, before, they argued, any real reforms or changes in character or outlook had been achieved. As one British report observed, 'Americans are convinced of the superiority of their handling of German administrative problems and of their general approach to the Germans, individually. Far more confidence is shown in the Germans, more authority delegated to them and greater social intercourse permitted.' It was not unusual for US authorities to organize a *Bierabend* (an evening of communal beer-drinking) after their meetings, 'where German men and women and American men and women mixed freely'. The report went on that the Americans found it 'difficult to understand why we [the British] do not always adopt similar practices'. Particularly 'in the administrative and economic field' the Americans failed to 'appreciate that the uncertainty of the political state of the Ruhr and the heavy industrialization of our Zone presents us with a different set of problems'.[130]

British medical and nutritional officers worried that their American colleagues were being duped, and cautioned them against an over-reliance on German data. At a joint British–American Public Health Conference in Berlin in September 1947—just when the debates about nutrition and tuberculosis were about to escalate in the British zone—Brigadier W. Strelley Martin (from the British Control Commission's Public Health Office, and British representative on the Combined Nutrition Committee), warned his American colleagues 'against false German propaganda on health and nutrition matters'. He proposed that the Information Control Division should take over 'control of such matters' (i.e. the collection and analysis of medical and nutritional data), rather than leave it to Germans.[131]

Although there were fewer direct confrontations between American and German health officials about malnutrition and nutritional research, they did, just like in

---

[128] 'Public Health and Medical Affairs', No. 6, 20 Jan. 1946, 2.
[129] Clay, *Decision in Germany*, 273.
[130] TNA, FO 1032/1495, 'Confidential Report on Joint Meeting of Representatives of the Zonal Advisory Council and the Regional Government Co-Ordinating Office (Länderrat) at Stuttgart on April 3rd, 1946', 16 Apr. 1946. Also in Ralph Uhlig (ed.), *Confidential Reports des Britischen Verbindungsstabes zum Zonenbeirat der britischen Besatzungszone in Hamburg, 1946–1948—Demokratisierung aus britischer Sicht* (Frankfurt, 1993), 59.
[131] BAK, ZAF, 5/331-3/10, 'Public Health Conference' in Berlin on 9 Sept. 1947, OMG Land Wuerttemberg-Baden, 15 Sept. 1947.

the British zone, fundamentally disagree about the significance of tuberculosis.[132] Following the publication of the British report on tuberculosis, the American authorities ordered an investigation of conditions in their own zone.[133] The commission was headed by an eminent US tuberculosis specialist, Esmond R. Long, and came to similar conclusions.[134] While the German public health authorities had claimed a sharp increase of tuberculosis, this was not evident to the American specialists. The German authorities argued that although tuberculosis death rates had not actually increased yet, there was a lag between the rise in cases and the rise in deaths, and that an increase in the mortality rate was imminent. However, the American commission thought that the German 'data on incidence and prevalence are to be little trusted and that death rates are, under present conditions, the only reliable index of the trend of tuberculosis today'. Like their British colleagues, although not in as biting terms, they pointed out that 'the reliability of German postwar morbidity statistics' was called into question by the 'availability of ration supplements to tuberculosis cases...In view of the acute food shortage, it is only natural that these supplements should prove an incentive to the reporting of cases that would otherwise not be reported.'[135]

These kinds of findings sat uneasily with the American agenda of democratization and self-sufficient German health authorities. But the American rejection of these particular German claims was not, however, accompanied by a more general rejection of German legitimacy and ability to take control over public health functions, and during and after this episode Americans continued to hand over responsibilities to the German health authorities.

This insistence on handing administrative and basic governmental powers to German appointees and offices became even clearer after the reformulation of American occupation policy during 1947. Shortly after the re-elected President Truman's appointment of George Marshall as Secretary of State in January 1947, the basic occupation directive, JCS 1067, was replaced with a new document, JCS 1779. Unlike its predecessor, the new programme stated that a stable and

---

[132] On health policy discussions in the German Länderrat of the American zone, see Lia Härtel (ed.), *Der Länderrat des Amerikanischen Besatzungsgebietes* (Stuttgart, 1951). Antje Mohr, *Hessen und der Länderrat des Amerikanischen Besatzungsgebietes* (Frankfurt, 1999).

[133] On tuberculosis in the American zone, see Ellerbrock, 'Die kulturelle Konstruktion der neuen Ordnung', 109–25. Dagmar Ellerbrock, 'Gesundheitspolitik in der amerikanischen Besatzungszone, 1945–1949', in Wolfgang Woelk and Jörg Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland: von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002).

[134] Esmond R. Long and Seymor Jablon, *Tuberculosis in the Army of the United States in World War II: An Epidemiological Study with an Evaluation of X-ray Screening* (Washington DC, 1955). Esmond R. Long, 'A Pathologists' Recollection of the Control of Tuberculosis', *Perspectives in Biology and Medicine*, 5 (1961–2), 24–51. George Washington Corner, 'Esmond R. Long (1890–1979): President of the American Association for the History of Medicine (1940–1941), a Memoir by his Long-Time Friend and Colleague Dr George W. Corner', *Bulletin of the History of Medicine*, 54 (1980), 273–4. Other members of the commission included Philip E. Sartwell, Colonel Silas B. Hays, and Major Alonzo W. Clark.

[135] Office of Military Government for Germany (US), 'Tuberculosis—special report of the Military Governor, US Zone, Germany, adapted for publication by the civil administration division from a report rendered 5 March 1948 by a commission appointed by the Secretary of the Army', May 1948, 18.

---

prosperous Europe depended on substantial economic contributions from a stable and prosperous Germany; that the European economy would not recover without a strong German industrial base.[136] Lucius Clay officially received the directive from Washington in July 1947, and a press release explained that the new policy's aim was to provide 'measures which will bring about the establishment of stable political and economic conditions in Germany and which will enable Germany to make a maximum contribution to European recovery'.[137] The economic agenda was accompanied by political instructions to the zone's authorities, and the new occupation directive urged Clay to take an active part in shaping the minds of the people in western Germany.

Where the first directives had made it clear that Germans were to be treated as an occupied population in a defeated (rather than a liberated) country, the new directive emphasized the importance of welcoming Germany as a new ally, and building a bulwark against the Communist East. In quadripartite meetings the United States continued to demand a German economic union, a central production and foreign trade programme, and a central administration for overseeing reconstruction work in all four zones: but in practice the American approach had changed radically. Marshall's announcement of the European Recovery Programme in June 1947 confirmed Washington's intention to rearm Germany and prevent it from falling under Soviet rule. Marshall Plan aid would jump-start the economies of western Germany and the other European allies and remove the material basis of discontent, but also restore confidence in free market democracy and provide a strong alternative to communism. By 1950, the economic rehabilitation of West Germany as a keystone of Western European recovery was entrenched in American foreign policy and had already shown substantial successes. And few American politicians or occupation officials would have denied then that US aid—initially in the form of emergency GARIOA (Government and Relief in Occupied Areas) funds of around 1.9 billion dollars, followed by around 780 million dollars in reconstruction grants from the Economic Cooperation Administration by 1950[138]—was central to the process.

In 1950, Robert Engler, who had returned from service in Germany in late 1945, presented a rather pessimistic view of the American occupation. Americans had made many mistakes along the way, he declared: 'Not deeply interested in European politics or ideology, the American often assumed that non-Nazis were always anti-Nazis, and anti-communists were always democrats. Like many of his civilian friends, he equated capitalism with democracy, and was perturbed by those

---

[136] See e.g. Jeffry Diefendorf, Axel Frohn, and Hermann-Joseph Rupieger (eds.), *American Policy and the Reconstruction of West Germany* (Cambridge, 2008). Hans-Jürgen Schröder, *Marshallplan und westdeutscher Wiederaufstieg—Positionen, Kontroversen* (Stuttgart, 1990). Donald Bloxham, 'The Genocidal Past in Western Germany and the Experience of Occupation, 1945–1946', *European History Quarterly*, 34/3 (2004), 305–35.

[137] Press release on JCS 1779, 15 July 1947, quoted in Axel Lehman, *Der Marshall-Plan und das neue Deutschland: Die Folgen amerikanischer Besatzungspolitik in den Westzonen* (Münster, 2000), 99.

[138] US Department of State, Office of Public Affairs, *Current Problems in the Occupation of Germany: A Fact Sheet*, June 1950, 5.

---

who substituted socialism. He was sure that the way Americans did things was best, and was eager for people to adopt baseball, Coca Cola and democratic elections. But he was suspicious of parties and politicians.' Americans had not appreciated the 'discrepancies between ideals and realities of the American way', Engler complained, and had failed, ultimately, 'to recognize the occupation as an imperative part of their new world obligations'. It was 'too early to predict the outcome', he concluded, since 'the discouraging patterns of so much of present-day Germany suggests how difficult an objective we have set for ourselves and how much of the job still lies ahead'.[139]

But the absence of some of the conflicts that plagued the British zone was, in part, the result of different American priorities, which became more pronounced as the occupation went on. The focus on 'democratization' and the desire to build self-sufficient local and regional administrations on the federal model came from a combination of practical and ideological calculations, and, along with generous resources, helped to override some of those contradictions inherent in the occupation set-up. Where British staffs were paralysed by the apparent impossibility of remoulding totalitarian minds while keeping essential jobs staffed—of instituting 'indirect control', without fully trusting Germans to do the right job—the Americans believed in the transforming attractions of the 'American way of life'. No doubt a naïve belief in the power of baseball and Coca Cola helped a great deal. Most important of all, however, was the very different economic context of American policy, which was able to answer German concerns about starvation and malnutrition, rising tuberculosis rates, and a host of other public health problems with food, with drugs, and with substantial material aid.[140]

[139] Robert Engler 'Individual Soldier', 84, 85.
[140] Ellerbrock, 'Die kulturelle Konstruktion der neuen Ordnung', 121.

7

Public Health Work in the
Soviet Occupation Zone

PLANS

Throughout the war the Soviet Union took part in meetings and summits with the United States and the United Kingdom, which produced agreements on the general premises of the occupation: the NSDAP and its affiliated organizations were to be disbanded; perpetrators of war crimes were to be tried; and Nazis were to be removed from positions of influence. The Soviet Union signed up to these basic pillars of Allied policy even though their interpretations of Nazism differed significantly from the other occupiers. Soviet officials, unlike their British, American, and French colleagues, identified the Nazi regime as a product of the crisis of monopoly capitalism, rather than as a mass movement, a reflection of German militaristic culture, or a psychiatric condition. So although the occupiers could agree on depriving the *Junker* landlords and industrial elites of their position and influence, they did so for different reasons: the British, Americans, and French saw the *Junkers* as the embodiment of the Prussian militarist mentality; the Soviets saw them as representatives of the capitalist ruling class. In the Soviet zone, *Junker* estates were to be expropriated and divided in radical land reforms, and their industrial establishments were to be nationalized; while the working classes were to be given the means for recovery and revival.[1]

On some issues, the occupiers' public agreement on the treatment of Germany thus disguised significantly different priorities. The bulk of Soviet wartime preparations prioritized military security and Soviet reconstruction through German reparations. The Soviet demand for substantial reparations, in particular, handicapped the occupiers' relationships; the wartime conferences had failed to settle their differences. In the absence of quadripartite agreements the Soviets simply made their own arrangements. In late 1944 Georgy M. Malenkov was put in charge of a Committee for the Rehabilitation of the Economy of Liberated Areas (based in Moscow), to oversee the extraction of reparations and dismantling operations. They were represented in Germany by Maxim Z. Saburov.[2] Anastas I. Mikoyan, deputy chair of Sovnarkom (the Council of People's Commissars, later

---

[1] For an overview, see Mary Fulbrook, *History of Germany, 1918–2000* (1991; Oxford, 2002).

[2] Amy Knight, *Beria: Stalin's First Lieutenant* (Princeton, 1995), 143. Peter Davies, *Divided Loyalties: East German Writers and the Politics of German Division, 1945–1953* (London, 2000), 20. Martin McCauley, *Routledge Who's Who in Russia since 1900* (London, 1997), 225.

USSR Council of Ministers) and people's commissar for foreign trade, tracked the transfers of equipment and capital to the Soviet Union. By May 1945, the committee supervised an operation of around 70,000 officials in the Soviet zone, most of them in uniform and with officer's rank.[3] With Soviet dismantling teams already at work, the Potsdam conference in July 1945 could only confirm existing disagreement: the Soviet delegation, accompanied by their economic adviser Eugen Varga (the economist discussed in Chapter 2), demanded reparations of 10 billion dollars; the Western Allies rejected this. In the end it was resolved that each occupier would meet their reparation demands through removals from their own zone, and the Soviet Union was to receive 25 per cent of any dismantled industrial plants from the western zones (partly in exchange for food and raw materials).[4] The absence of the French at the early planning stages weakened the Soviet position, as they, seeking reparations of their own, would have been useful allies.

No less significant than strained relationships with the other occupiers were clashes between different factions *within* the Soviet authorities. Historians of the Soviet Union have been fascinated by domestic conflicts between its leading officials, although some rightly question the available sources and conclusions about Soviet *policy* we can legitimately draw from them.[5] Nevertheless, there is clear evidence of competing occupation strategies. At one end stood advocates of a moderate foreign policy to build a neutralized, antifascist, united Germany, along with the Western Allies; at the other end stood supporters of a radical programme to turn Germany into a communist, 'Sovietized' satellite. The question of reparations figured centrally in both.

The more moderate political line, which dominated until 1946, was accompanied by a policy of extensive and prompt reparations, and a radical deindustrialization of Germany. Supporters included the members of the influential State Defence Committee, created days after the German invasion in 1941: Vyacheslav Molotov, people's commissar for foreign affairs; Lavrenti P. Beria, people's commissar for internal affairs and deputy chair of Sovnarkom; Georgy Malenkov, in charge of the Reparations Committee; and Molotov's deputy, Clement E. Voroshilov. Beria, Malenkov, and others anticipated that all Allied forces would eventually withdraw from Germany, and thus argued for the seizure and transportation of German assets from the zone to the Soviet Union while that was still possible; speed was essential. In Germany this policy was supported by leading members of the Soviet Military Administration in Germany (SMAG), including Marshall Zhukov's

---

[3] Naimark, *The Russians in Germany: A History of the Soviet Zone of Occupation, 1945–1949* (1995; Cambridge, Mass., 1997), 167, 26. Rainer Karlsch, *Allein bezahlt? Die Reparationsleistungen der SBZ/ DDR, 1945–1953* (Berlin, 1993). Vladimir Rudolph, 'The Agencies of Control: Their Organisation and Policies', in Robert Slusser (ed.), *Soviet Economic Policy in Postwar Germany: A Collection of Papers by Former Soviet Officials* (New York, 1953), 18–86.

[4] Peter Knirsch, *Eugen Varga* (Berlin, 1961), 9. On the reparations debates at Potsdam, see Melvyn Leffler, *A Preponderance of Power: National Security, the Truman Administration and the Cold War* (Stanford, 1992), 67. Also see J. E. Farquharson, 'Anglo-American Policy on German Reparations from Yalta to Potsdam', *English Historical Review*, 112/448 (1997), 904–26. On Soviet reparations policy, see Karlsch, *Allein bezahlt?*, 47, 60.

[5] Naimark, *The Russians in Germany*, 319.

---

deputy and chief Soviet representative on the Allied Control Council (ACC), Vasily D. Sokolovsky, and Zhukov's first adviser and future Soviet high commissioner in Germany, Vladimir S. Semyonov. They opposed an immediate Sovietization of Germany or the creation of a satellite state, and supported extensive reparations and dismantling operations to aid Soviet reconstruction.[6]

But political and economic priorities came increasingly into conflict: seizing factories and goods would benefit Soviet reconstruction, but undermine the credibility of a Moscow-supported government in the zone. As a result, Andrei A. Zhdanov, member of the Politburo and secretary of the Central Committee's departments for foreign policy and culture, supported a more radical political programme and a more cautious economic approach. When the Reparations Committee was established during the war, Zhdanov was among those to favour an economic recovery in the Soviet zone, and the payment of reparations through current production rather than radical dismantling. Zhdanov later became known for the 'two camps' doctrine, enunciated at the inaugural conference of the Communist Information Bureau (Cominform) in September 1947, where the post-war world was divided into a capitalist, imperialist camp, led by the United States, and a socialist camp, led by the Soviet Union. According to this perspective, the solution to the German problem was the creation of a communist Germany (or portion of it), which would be hampered by the removal of industry. In Germany, Zhdanov's approach was represented by Sergey Tiulpanov, who, from summer 1945, headed the SMAG's Department for Agitation and Propaganda.

The conflict between these very different strategies soon affected the work of public health officers, both Soviet and German. But in May 1945, the most important feature of the Soviet occupation brief was that for many problems no plans were made at all. Throughout the war, Stalin and his commanders were reluctant to focus on the occupation before Germany had been defeated; military operations took priority. Additional disorientation stemmed from the fact that Stalin's analyses of the big political decisions, as far as they were known, continually 'zigzagged' in response to events.[7] In 1941 Stalin reportedly intended to divide Germany into several independent states, separating Prussia from the rest.[8] In February 1943 he opposed this strategy, only to support it again at the Teheran conference in November 1943. At Yalta in February 1945, Stalin opposed dismemberment but favoured a division into occupation zones. At Potsdam he agreed to treat Germany as a

---

[6] Naimark, *The Russians in Germany*, 318–21. Jeanette Michelmann, *Aktivisten der ersten Stunde: Die Antifa in der sowjetischen Besatzungszone* (Cologne, 2002), 58–9. Peter Strunk, 'Die Sowjetische Militäradministration in Deutschland (SMAD) und ihr politischer Kontrollapparat', in Hans Lemberg and Karl Delhaes (eds.), *Sowjetisches Modell und nationale Prägung: Kontinuität und Wandel in Osteuroa nach dem zweiten Weltkrieg* (Marburg, 1991), 172–3.

[7] Aleksej Filitov, 'Sowjetische Deutschlandplanungen im Krieg 1941–1945', in Andreas Hilger, Mike Schmeitzner, and Clemens Vollnhals (eds.), *Sowjetisierung oder Neutralität? Optionen sowjetischer Besatzungspolitik in Deutschland und Österreich, 1945–1955* (Göttingen, 2006), 25–40, at 25.

[8] See Molotov's telegram to Ivan Maisky, Soviet ambassador in London, dated 21 Nov. 1941, repr. in Jochen Laufer and Georgii Kynin (eds.), *Die UdSSR und die deutsche Frage 1941–1948: Dokumente aus dem Archiv für Außenpolitik der Russischen Föderation*, i (Berlin, 2004), 11–12. Also see Filitov, 'Sowjetische Deutschlandplanungen im Krieg' .

single economic unit run by the ACC. It was clear only that Stalin, like his foreign minister and spy chief, was interested in a policy which granted security and extensive reparations—but this could mean very different tactics and strategies.[9] Historians still disagree about Soviet motives in Germany—whether a Soviet reorientation of Germany was always intended, or whether it was a reaction to American initiatives such as the Marshall Plan. Those writing at the height of the Cold War were certain about the far-sighted nature of Soviet aims, but more recent work portrays Soviet policies as reactive and piecemeal, rather than proactive and systematic. But even those who identify a clear political strategy in the Soviet occupation tend to agree that, apart from France, the Soviet Union was the least prepared and showed most inconsistencies in their occupation policy.[10]

In the light of such uncertainties, Soviet planners shelved many issues, from the recruitment of officers to concrete policies on practical problems, until after the war. Sergey Tiulpanov later wrote that the Soviet government did not possess a 'fleshed-out "theory of occupation administration"' or military government, only of liberation and German defeat: its work in Germany was guided by 'general principles of Marxist-Leninist theory and by the nature of the Second World War, which was an antifascist war of liberation even for the German people'.[11] Georgy Zhukov agreed in his memoirs that Soviet troops came completely unprepared, particularly compared to the well-briefed and well-trained troops in the West.[12]

This did not mean that the Soviet military had no experience in military government. During the war they had acquired practical experience in the constitution and running of the Allied Control Commissions in Bulgaria, Hungary, Romania, and Finland. In addition, a cadre of experts who had participated in the incorporation of the Baltic Republics and the Western Ukraine into the Soviet Union, took positions in the SMAG. Among them was Ivan A. Serov, who in 1939 had been people's commissar for internal affairs in the Ukrainian Soviet Republic, and during the war had overseen some of the forced population movements and deportations within the Soviet Union. From June 1945 to February 1947 Serov was deputy chief of the SMAG with responsibility for civilian administration, and head of the zone's secret service. Another person with considerable experience was Vladimir S. Semyonov, who in 1939 had been an adviser to the Soviet administration in Lithuania, and in 1945 became a political adviser to the SMAG, where he later ran his own department. And there was Andrei Y. Vychinsky, who had, as deputy foreign minister of the Soviet Union, taken part in the Allied Control Commission for Italy, and became Zhukov's First Political Adviser.[13] Drawing on their recommendations, the Soviet State Defence Committee issued the first general directives for the

---

[9] Filitov, 'Sowjetische Deutschlandplanungen im Krieg'. Laufer and Kynin (eds.), *Die UdSSR und die deutsche Frage*. Michelmann, *Aktivisten*.

[10] Scherstjanoi in Wolfgang Benz (ed.), *Deutschland unter alliierter Beatzung, 1945–1949/1955* (Berlin, 1999), 76. See also Naimark, *The Russians in Germany*, 9 ff.

[11] Sergei Iwanowitsch Tjulpanow, 'Die Rolle der SMAD bei der Demokratisierung Deutschlands', *Zeitschrift für Geschichtswissenschaft*, 15 (1967), 240–52, at 243. Jan Foitzik, *Sowjetische Militäradministration in Deutschland (SMAD), 1945–1949: Struktur und Funktion* (Berlin, 1999), 44.

[12] Zhukov, quoted in Foitzik, *Sowjetische Militäradministration*, 44.

[13] Foitzik, *Sowjetische Militäradministration*, 75–6 and 'Kurzbiographien', 476, 481.

---

administration of the territories occupied by Soviet troops in April 1944, but none made any particular recommendations for Germany. Only directives from January and April 1945 provided any details about the organization of military headquarters in Germany, and many details were still missing even there.[14]

As shown in Chapter 2, the Soviet authorities were eager to supplement their patchy plans and threadbare directives with preparations from the other occupiers. Anglo-American plans for the structure, organization, and administrative divisions of military government, and the training of officers were repeated in Soviet directives, particularly after March 1945, when the Americans made available their military government handbooks.[15] These details helped to establish the administrative and structural parameters of the occupation apparatus—which broadly mirrored the German government's ministerial divisions, and was to be controlled by 'indirect rule'. The extremely low staff allocations in spring 1945, of only 125 people to the entire SMAG,[16] stemmed not only from a lack of resources and a radical underestimation of the extent of Soviet involvement in German affairs, but also from copying Anglo-American preparations. SHAEF directives and manuals emphasized that the Allies were to supervise, oversee, and control, not to do the required jobs themselves. The Soviet authorities, like the British and Americans, underestimated the number of staff required.

The other occupiers' preparations filled some of the gaps in the Soviet government's plans. Others, as seen in Chapters 3 and 4, were filled by German communist émigrés in Soviet exile, which had a particular impact on public health. The Soviet authorities' lack of direction on many day-to-day issues dictated that the émigrés were enlisted wherever possible[17]—arguably a form of 'indirect rule' in practice. Germans active in the orbit of the German Communist Party (KPD) in exile, the National Committee Free Germany (NKFD), and in various Soviet political, educational, and military institutions, busily prepared for post-war Germany by drawing up lists of cadres to be appointed and urgent tasks to be carried out. Given their lack of resources and trained personnel, the Soviet authorities often had few options other than to rely on émigrés. They did not have the capacity to govern their part of Germany on their own.

The 'Guidelines for the Work of the German Antifascists in the Territories Occupied by the Soviet Army', drafted by the Moscow KPD group in April 1945, are a useful example.[18] This six-page document listed some of the most important

---

[14] Foitzik, *Sowjetische Militäradministration*, 76.

[15] FRUS, vol. iii. *1945* (1968), 443. Ralf Possekel, 'Sowjetische Speziallager in Deutschland', in Sergei Mironenko et al. (eds.), *Sowjetische Speziallager in Deutschland 1945 bis 1950* (Berlin, 1998), ii. 54. Michelmann, *Aktivisten*.

[16] Jan Foitzik, 'Organisation der sowjetischen Besatzung in Deutschland und Auswirkungen von kompetenzieller Diffusion auf die Rekonstruktion der Besatzungspolitik', in Hilger, Schmeitzner, and Vollnhals (eds.), *Sowjetisierung oder Neutralität?*, 97–116, at 106.

[17] Naimark, *The Russians in Germany*, 10, 41. Alexander Fischer, *Sowjetische Deutschlandpolitik im Zweiten Weltkrieg 1941–1945* (Stuttgart, 1975), 119 ff.

[18] 'Richtlinien für die Arbeit der deutschen Antifaschisten in dem von der Sowjet Armee besetzten deutschen Gebieten', 5 Apr. 1945, KPD, Dokument 31 in Gerhard Keiderling (ed.), '*Gruppe Ulbricht' in Berlin, April bis Jus 1945: Von den Vorbereitungen im Sommer 1944 bis zur Wiedergründung der KPD im Juni 1945* (Berlin, 1993), 260–5.

---

tasks, and had important advice for the Soviet authorities in areas controlled by the Red Army. Apart from the urgent need to reactivate the media (radio stations, newspapers, and publishing houses for 'progressive literature'), the main priority was to establish administrative organs, to be staffed by the native population. Local officials would then carry out and oversee the most urgent tasks: the organization of basic health and hygiene measures, the distribution of food, the allocation of housing, the control of utilities (gas, water, electricity, and transport), the health service, as well as education (training, libraries, and schools), banking, and trade. Soviet commanders (assisted by the German émigrés) were to identify and appoint suitable mayors, who could then assemble and preside over local authorities, ideally containing at least '5 to 7 antifascists'.

German antifascists were valuable assets, the authors of this document insisted: some would be most useful if based at Soviet army headquarters, overseeing the publication of newspapers and the resumption of radio broadcasts to pacify and educate the local population, and prevent skirmishes with Soviet troops; others could assist in the recruitment of reliable and trustworthy locals, and 'ensure that the newly created organs contain reliable antifascists and really work within the guidelines'.[19] They would be most useful to the Soviet troops by establishing networks of 'trusted persons' (*Vertrauensleute*). Using their knowledge of local personalities and political organizations, the émigrés would be able to recruit dependable, politically reliable individuals to oversee initiatives in their villages, streets, factories, and apartment blocks—and Soviet commanders could communicate with the German population through them and ensure the local population's compliance. With the help of 'trusted persons', the émigrés would be able to identify leading Nazis, and even begin to register all former members of the NSDAP, and those who had fought in the Wehrmacht and the Volkssturm.

These guidelines, and similar documents, were categorical about the criteria by which 'trusted persons' could be identified: those Germans who before 1933 had been involved in antifascist organizations, and had 'remained steadfastly opposed to the Hitler regime', were the best candidates for key jobs. They were likely to be 'workers' who had been opposed to Nazi rule. Soviet commanders and their German aides were also encouraged to make contact with 'responsible forces from the ranks of the intelligentsia who are capable of further development and who did not belong to the Nazi Party or Hitler Youth'. In addition, the authors thought it was worth checking 'who, from those intellectuals, engineers, doctors and teachers who had joined the Nazi Party in the last war years, but who had not carried out any active work within it, could be made use of'. A sentence stating that the wives of Nazi Party members should *not* be utilized was crossed out in the April 1945 draft.[20] Similar compromises were forced onto the British and Americans in the post-war years. The émigrés, trying to act as intermediaries between the Soviet occupiers and the German population, seem to have arrived at similar conclusions, but rather earlier.

---

[19] 'Richtlinien für die Arbeit der deutschen Antifaschisten', 265.
[20] 'Richtlinien für die Arbeit der deutschen Antifaschisten', 262.

The KPD in exile ran a series of re-education courses for German POWs. The NKFD—one of the German émigré groups featured in Chapter 3—was central to initiatives to persuade German soldiers to surrender and to re-educate them in captivity. As Khrushchev recalled in his memoirs, Walter Ulbricht and his associates actively carried out 'antifascist propaganda, using loudspeakers along the front lines and calling on the German troops to surrender. This work was carried out mainly at night. Ulbricht would crawl along the front lines with his loudspeakers, directing his message to the soldiers and officers of [Field Marshall] Paulus' army group. Ulbricht and I always ate together, and I joked with him: "Well, what is this, Comrade Ulbricht? You haven't earned your daily bread today. No one surrendered." He calmly continued what he was doing.'[21] Paulus, who commanded the German Sixth Army's assault on Stalingrad in 1942, was one of the most prominent Germans to surrender. He joined the NKFD and its special organization for officers, the League of German Officers (Bund Deutscher Offiziere), and became a vocal critic of Nazi Germany.[22]

With backing from the Soviet government, Walter Ulbricht, Wilhelm Pieck, and Anton Ackermann organized training courses for hundreds of Germans in Soviet exile to prepare them for administrative work in Germany. Two-month training courses began in Nagornoye, near Moscow, in September 1944, before the Red Army had crossed the German border. By December 1945 five courses had taken place with around twenty-five to thirty participants on each.[23] They supplemented training courses for Germans organized by the political administration of the Red Army (GlavPURRKA) and the party schools in Moscow. Together with Dimitrov, Manuilsky, and other senior Comintern personnel, Pieck, Ulbricht, and Ackermann also prepared and lectured on training courses for Soviet officers. Sergey Tiulpanov remembered that shortly before the Red Army crossed the borders of the Soviet Union, the German communists gave lectures about future tasks in the occupied territories. Elaborating upon resolutions of the 1935 Comintern congress, they talked about the need for communists to work with other antifascist forces.[24]

The émigrés also compiled lists of future administrators, which the Soviet authorities actively used. Around 2,500 Germans were employed by the political administration of the Red Army during the war, and many of them featured in staff lists for future political and administrative jobs.[25] Wilhelm Pieck estimated

[21] Sergei Khrushchev (ed.), *Memoirs of Nikita Khrushchev*, ii. *Reformer, 1946–1964*, trans. George Shriver (University Park, 2006), 463–4.

[22] Bodo Scheurig, *Freies Deutschland: Das Nationalkomitee und der Bund Deutscher Offiziere in der Sowjetuniuon, 1943–1945* (Cologne, 1984). Gerd R. Ueberschär (ed.), *Das Nationalkomitee Freies Deutschland und der Bund Deutscher Offiziere* (Frankfurt am Main, 1995). Protocol of the inaugural meeting in Moscow in Nationalkomitee Freies Deutschland, Sitz Mexico, *Deutsche, wohin?: Protokoll der Gruendungsversammlung des National-Komitees Freies Deutschland und des Deutschen Offiziersbundes* (Mexico, 1944).

[23] Foitzik, *Sowjetische Militäradministration*, 46. Also see Wilhelm Pieck speech in KPD party school, 9 Jan. 1945, in Keiderling, '*Gruppe Ulbricht*', 139–56.

[24] Sergei Iwanowitsch Tjulpanow, *Deutschland nach dem Kriege: Erinnerungen eines Offiziers der Sowjetarmee*, ed. Stefan Doernberg (West Berlin, 1987), 58. Foitzik, *Sowjetische Militäradministration*, 45.

[25] Jan Foitzik, 'Sowjetische Militäradministration in Deutschland', in Broszat and Weber (eds.), *SBZ-Handbuch: Staatliche Verwaltungen, Parteien, gesellschaftliche Organisationen und ihre Führungeskräfte in der Sowjetischen Besatzungszone Deutschlands, 1945–1949* (Munich, 1993), 7–71, at 12.

that between 1 May and 10 June 1945, 275 German cadres from the KPD and the NKFD were sent into the Soviet zone.[26] On their way they worked as translators, advisers, and general 'intermediaries'. After their arrival they often became mayors, district administrators, or officials themselves.[27]

COMPROMISES

The immediate problems faced by Soviet troops were similar to those in the other zones. The German novelist Theodor Plievier, who travelled from Moscow to Germany in spring 1945, wrote that, after the bombing raids in February 1945, Dresden looked as though 'a giant plough had swept over the earth leaving behind a complete wreckage'. 'Nothing was left of the big hotels', he wrote, 'five or six had stood just there. In their place, wave after wave of rubble and masonry frozen into immobility. From the rubble emerged a column here; the arch of a window there; further away the shell of a split tower; a decapitated church; famous Dresden façades motionless in the middle of a general collapse, covered by soot and grime, strangely ghostlike.'[28] Dresden was an extreme physical reminder of the consequences of defeat, but it was not a unique sight in the new Soviet zone. Brandenburg and Mecklenburg in the north of the zone had also seen heavy fighting, and Berlin was a mess of rubble and devastation on an unbelievable scale—perhaps only equalled by the traces of the Germans' torching of Warsaw.

Soviet officers—like everyone else—were concerned about the potential for public health disasters. The bombing raids had destroyed urban facilities for coping with health problems; the parts of the hygiene infrastructure to escape the bombing then collapsed during the artillery attacks and street battles of the last weeks of the war. Conditions were dire in many parts, but nowhere were they more serious than in Berlin. The provision of clean water, electricity, and gas, and the collection of garbage had all stopped. Sewage spilled into rivers and lakes, and corpses piled up because they could not be buried fast enough. Flies, rats, mosquitoes, lice, and other disease carriers bred and multiplied. City inhabitants lived crowded together in cellars, bomb shelters, and underground tunnels, and were easy targets for spreading infections. Those hospitals not entirely destroyed overflowed with patients and the rapidly increasing stream of wounded soldiers and evacuees. There were acute shortages of doctors, drugs, beds, and medical apparatus.[29]

---

[26] Keiderling, *'Gruppe Ulbricht'*, 100. Foitzik, *Sowjetische Militäradministration*, 47.

[27] Foitzik, *Sowjetische Militäradministration*, 81. For a literary account of the work done by individuals who returned with Red Army troops, see Theodor Plievier, *Berlin* (Munich 1954; 1st Eng. edn. London, 1956).

[28] Plievier, *Berlin* (English edn.), 9. Dresden was almost completely destroyed by bombing raids that took place on the night of 13–14 Feb. 1945 by 800 aircraft of an Anglo-American force. The city continued to be bombarded in raids until 17 Apr. 1945. See Frederick Taylor, *Dresden: Tuesday, February 13, 1945* (London, 2004).

[29] From the many reports on health condition in Berlin, see e.g. LAB, B Rep. 012/902-27, Worm (Reviervorsteher, Polizeipräsident in Berlin, Polizeirevier 2) to Polizeigruppe Mitte, 'Übertragbare Krankheiten', 7 June 1945. LAB, C Rep. 118–272, Dr Schulz (Bezirksrat, Stadt-Bezirksamt Pankow)

Berlin was a central destination in the vast population movements in Central and Eastern Europe in the last months of the war. German expellees made their way westwards, just as returned POWs and non-German displaced persons moved homewards and eastwards. Large numbers of people trekked through Berlin, either because they did not believe the rumours about the state of the capital, or because there was no other way they knew to go. Many of these people were malnourished, and had been exposed to typhus, dysentery, and typhoid fever. German health reports observed that typhus rates had increased rapidly and in direct relation to the numbers of refugees moving through refugee camps in Berlin.[30] Just days after the war ended Berlin was gripped by an outbreak of diarrhoea.[31] German and Soviet doctors were uncertain about whether it was an epidemic of dysentery or a more harmless outbreak of diarrhoea, but there were no facilities for the bacteriological identification of the disease agent, and no drugs or sera even if they could have identified it.

There was violence and looting in all zones by the victorious troops, but in the east it was of an entirely different scale. Military discipline among Soviet troops completely broke down in the last stages of the war. Soldiers proved impossible to control as they went on drinking, raping, and looting sprees during their advances through Eastern Europe, which only increased when they marched into German territory.[32] The defeat of Berlin, in particular, was accompanied by an eruption of violence against, and rapes of, German civilians, peaking in the notorious fortnight of 24 April to 5 May, but it was endemic everywhere in the zone. Perhaps as many as one in three (of around 1.5 million) women in Berlin were raped at the end of the war. One estimate claims that in total almost 2 million German women were raped by members of the Red Army, many more than once.[33] Commanders' attempts to punish their troops often proved futile, and they were only able to regain control weeks, sometimes months, later.

Official Soviet directives spelled out that the German people, especially its working classes, were not to be equated with the leaders of the Third Reich, and instructed Soviet troops to treat the German population accordingly. The Soviet

to Polizei-Inspektion, Berlin Pankow, 'Bericht über den Gesundheitszustand der Pankower Bürger', 30 Aug. 1945. LAB, C Rep. 907/03-64, Hanns Renntmeister, 'Berlin im Mai-Juni 1945' [undated] LAB, C Rep. 907/03-110, Fritz Kunze, 'Aus einem Erinnerungsbericht von Fritz Kunze, Mitglied der KPD, über die Arbeit der Antifaschisten in Kaulsdorf seit dem 23.April 1945' [undated]. LAB, C Rep. 907/03-111, Dr Hans Kupke, 'Antworten auf den Frage-Spiegel—Befreiung und Beginn der antifaschistisch-demokratischen Umwälzung', [undated]. TNA, FO 1012/134, report on public health in Berlin, 10 July 1945. TNA, FO 1050/10, Chief (IA&C Division, Bünde) to Chief of Staff, Public Health Report, 28 Sept. 1945.

[30] LAB, B Rep. 012/902-28, 'Bericht des LGA II 1', 20 Dec. 1945.

[31] LAB, B Rep. 012/902-5, 'Berichte der Leiter der Bezirksgesundheitsämter über den Gesundheitszustand usw. in den einzelnen Bezirken', 14 June 1945.

[32] The rapes of German civilians by soldiers of the Red Army tend to be discussed in isolation, but they were far from unique. On wartime rapes and post-war consequences in Hungary, see James Mark, 'Remembering Rape: Divided Social Memory and the Red Army in Hungary, 1944–1945', *Past and Present*, 188 (2005), 133–61.

[33] Helke Sander and Barbara Johr (eds.), *Befreier und Befreite: Krieg, Vergewaltigungen, Kinder* (Munich, 1992), 54. Atina Grossmann, *Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920–1950* (Oxford, 1995), 193.

High Command's April 1945 'Directive on the Treatment of the German Civilian Population', ordered troops to moderate their behaviour, since brutality would only lead to greater German resistance and prolong the war, bloodshed, and expense. 'A more humane attitude towards the Germans', the directive stated, 'will ease our warfare on their territory and will without doubt reduce the doggedness of the German defence.' It urged commanders to appoint German mayors and to create German administrations, and it directed them not to seek retribution against ordinary members of the NSDAP, if they appeared loyal enough to the Red Army.[34]

These instructions completely failed to contain the Soviet troops' hatred of Germans. Soldiers had marched through countless villages and towns (often their own) destroyed by the Wehrmacht. They had also been exposed to accounts, such as by the writer and journalist Ilya Ehrenburg, of what the Red Army had found at Maidanek, Auschwitz, and the other German-run 'death factories'.[35] In an effort to boost morale, Ehrenburg had incited revenge and the desire to hold the Germans to account. One of his best known articles was simply entitled 'Kill!':

> We have understood: the Germans are not people. From today on the word 'German' for us is the most frightful curse. From today on the word 'German' discharges rifles. We will not speak. We will not be indignant. We will kill. If, during the day, you have not killed a single German, your day has been in vain. If you believe that your neighbour will kill a German for you, you have not understood the menace. If you do not kill the German, the German will kill you. He will take your loved ones to his accursed Germany. If you cannot kill the German with a bullet, kill the German with a bayonet. If on your sector there is a lull, if you are waiting for the battle, kill the German before the battle. If you let the German live, the German will hang a Russian man and violate a Russian woman. If you have killed one German, kill another: there is nothing more joyful for us than German corpses. Don't count the versts. Count one thing alone: Germans whom you have killed[36]

Ehrenburg's slogans could now easily be interpreted as support for the eruption of violence.[37] While the German communists who accompanied the troops frequently condemned the Soviet army's rampage, they themselves were unsure about how their countrymen should be treated. Too many people had supported and voted for Hitler for them not to carry a share of responsibility.[38]

---

[34] Repr. in Possekel, 'Sowjetische Speziallager in Deutschland', 51–2. Also see Michelmann, *Aktivisten*, 63. Naimark, *The Russians in Germany*, 91–180.

[35] Ilya Ehrenburg, 'Remember' (Aug. 1944), in Ilya Ehrenburg, *We Come as Judges* (London, 1945).

[36] Ilya Ehrenburg, 'V Germanii', *Krasnaja zvezda*, 22 Feb. 1945, extract in Julian L.Laychuk, *Ilya Ehrenburg: An Idealist in an Age of Realism* (Bern, 1991), 201–2. Ilya Ehrenburg, *The War: 1941–1945* (Cleveland, 1967). Ilya Ehrenburg, 'Rats Shed Their Tiger Skins', 24 Feb. 1945, in *What We Saw in Germany: With the Red Army to Berlin, by Thirteen Leading Soviet War Correspondents* (London 1945). Ehrenburg, *We Come as Judges*.

[37] This point is also made in G. A. Tokaev, *Comrade X* (London, 1956), 290. Tokaev was one of Zhukov's scientific advisers. Many thanks to David Edgerton for telling me about this book.

[38] But I am sceptical of Herf's claim that the émigrés' bitterness towards the German population was 'the justification for imposing a post-war dictatorship on an untrustworthy and dishonoured

The social divisions in the Red Army often inflamed clashes between commanders and their troops. As B. J. Kospoth, a British POW held captive in Pomerania and liberated by Soviet troops, remembered: '[o]fficers and soldiers of the Red Army's motorised troops seemed to be an entirely different type of men…from their comrades in the infantry. I have known them to warn inhabitants of villages through which they have passed against the undisciplined riflemen who were coming after them. I have seen them abstain from looting and even decline drinks because they were on duty. They are the aristocrats of the Red Army, while the infantry is its disinherited proletariat, its predestined "cannon fodder" in the good old Prussian sense. Most of the excesses of which the Red Army is guilty in occupied countries are committed by its ragged, hungry, lewd infantry.'[39]

It was this infantry of angry and starved men that set the tone of the occupiers' relationships with the German population. Not only did their attacks limit the possibility for friendly relations at the outset, but they also added a further set of health and social problems. First, as waves of suicides took place, often directly in anticipation of or response to the arrival of the Red Army, more corpses had to be disposed of, and failed attempts required medical attention. Theodor Plievier wrote of 'an epidemic of slashed wrists—attempts which succeeded only rarely'.[40]

Second, the mass rapes resulted in tens of thousands of unwanted pregnancies, and women throughout the zone turned to doctors to carry out abortions, or they simply carried them out on their own.[41] The Berlin health authorities, in agreement with the SMAG, temporarily suspended the legislation which prohibited abortions (the notorious Paragraph 218), making it possible for the district health officials to sanction them, at public cost, until almost the last month of pregnancy, 'on any women who certified that she had been raped by a foreigner, usually but not always a member of the Red Army'.[42]

Third, the rapes also dramatically increased the rates of venereal diseases, as hundreds of thousands of individuals contracted and passed on infections. The VD problem was to haunt the Soviet and the German health authorities for years to

people'. Jeffry Herf, *Divided Memory: The Past in the Two Germanies* (Cambridge, Mass., 1997), 24 ff. Instead, from the beginning they emphasized the importance of having to work with and truly convert the German population. Nor was the Soviet occupation zone (or later GDR) understood by them as a dictatorship.

[39] B. Kospoth, *Red Wins: An Account of the Author's Experiences in North-Eastern Germany After Its Occupation by the Russian Army in 1945* (London, 1946), 115–16.

[40] Plievier, *Berlin*, 203. On suicides, see e.g. LAB, C Rep. 907/03-133, Eduard Mellenthin, 'Zur Situation nach der Befreiung', 18 Mar. 1965.

[41] LAB, B Rep. 012/902-5, 'Versammlung der Amtsärzte am 26. Juli 1945 im Hauptgesundheitsamt—Tagesordnung', 26 July 1945; 'Bericht über die Dienstbesprechung der Amtsärzte am Donnerstag, dem 6. September 1945'; 'Besprechung der Amtsärzte am Donnerstag, den 25. April 1946'. LAB, C Rep. 131/03-2, Bezirksamt Berlin-Mitte, Gesundheitsamt to Herrn Bürgermeister Weiß, 'Tätigkeitsbericht', 19 Feb. 1946.

[42] Grossmann, *Reforming Sex*, 193–4. Atina Grossmann, 'A Question of Silence: The Rape of German Women by Occupation Soldiers', *October* (Apr. 1995), 43–65. Atina Grossmann, 'The Debate That Will Not End: The Politics of Abortion in Germany from Weimar to National Socialism and the Postwar Period', in Manfred Berg and Geoffrey Cocks (eds.), *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany* (Cambridge, 1995). Annette F. Timm, *The Politics of Fertility in Twentieth-Century Berlin* (New York, 2010).

come, in spite of the SMAG health officers' pleading to mobilize all resources at their disposal.[43] The Soviet commanders introduced a ban on fraternization, rather belatedly in the summer 1946, over a year late, and after the Americans had abandoned their ban. It sanctioned only official Soviet–German contacts, but seemed to have had little immediate effect, as many Soviet soldiers were still billeted in German communities.[44] While for the Western Allies the non-fraternization policy was to prevent opportunities for pro-German propaganda to influence Allied soldiers, in the Soviet zone it was primarily a measure to contain the VD problem, and, in part, also to protect the German population. American and British observers (particularly those opposed to non-fraternization in their own zones) noted with concern that the Soviets seemed to lack any real rules against fraternization.[45] The strongest message about rape only came in March 1949, when a directive by the Presidium of the Supreme Soviet provided serious punishment: a mandatory sentence of ten to fifteen years in a labour camp.[46]

The devastation and disorder were altogether more severe in the Soviet zone than in the rest of the country, but many of the problems mirrored those elsewhere. The change from fighting a war to organizing a peace was difficult and beset with contradictions. The Soviet military government was overtaxed, stretched by too few personnel and resources, and too many urgent demands. From 1945 to 1949, the SMAG ran the zone. Its central headquarters were based in the Berlin district of Karlshorst, and it had offices in each of the five provinces of the zone, as well as the special Berlin Kommandatura. Its structure stretched to eighteen district offices (which in 1946 were reduced to twelve, and dissolved completely in 1948), below which were the local German organizations.[47]

The plans had provided for far too few personnel, but in the first months of the occupation the SMAG establishment expanded rapidly: the spring 1945 directives had planned for 125 staff; the first organizational charts from July 1945 provided for 1,447 positions in thirty specialist departments; and only a year later the SMAG counted 60,000 jobs.[48] Nonetheless, expanding the personnel charts was one thing, but filling the jobs was quite another. In practice, personnel shortages remained acute for a number of reasons: bureaucratic recruitment procedures, the unpopularity of service in Germany, and the fact that many officers were sent home for a variety of offences.[49] The SMAG's Health Department was one of the many departments affected by these shortages. Founded by an order on 6 June 1945, it began its work on the basis of SMAG

---

[43] BAB, Z47F, 7317/56/21, Sokolov (Deputy Head of the SMAG Health Department) to Koslenkov (Commander of health in the Province of Saxony), 26 Dec. 1945.

[44] Foitzik, 'Sowjetische Militäradministration', 13. Only towards the end of 1946 were occupation troops separated from German civilians.

[45] Lucius Clay to Henry Stimson, 18 Aug. 1945, repr. in Jean Edward Smith (ed.), *The Papers of General Lucius D. Clay—Germany, 1945–1949*, i (Bloomington, Ind., 1974), 59. Also see Naimark, *The Russians in Germany*, 92.

[46] Naimark, *The Russians in Germany*, 96.

[47] Jan Foitzik, 'Die Sowjetische Militäradministration in Deutschland', in Jan Foitzik (ed.), *Inventar der Befehle des Obersten Chefs der Sowjetischen Militäradministration in Deutschland (SMAD), 1945–1949* (Munich, 1995).

[48] Foitzik, 'Organisation der sowjetischen Besatzung in Deutschland', 106.

[49] Naimark, *The Russians in Germany*, 25–34.

Order No. 5 from 10 July 1945.[50] It was headed by Major-General A. Y. Kuznetsov and his deputy, Colonel Andrei J. Sokolov, and initially made up of around 100 members, drawn from a range of Soviet medical faculties and the Red Army sanitary service. A chart of the department from summer 1945 listed 96 members of staff. In 1946 this had grown to 110, but then shrank to just 70 in February 1947. By 1949 there were only 41 people left.[51] The majority of Soviet health officers were well qualified— according to a number of envious reports by western officials, a 'highly qualified elite force'—but there were not enough of them, many did not speak German, and few had been sufficiently prepared for the turmoil and devastation in Germany.[52]

The Health Department's responsibilities were directly comparable to those of the other zones. It was to oversee and direct all practical public health business: organize epidemic work, create the basic structures of a sanitary infrastructure and German health service, control the personnel of the German health service and its institutions, oversee medical supply and distribution across the zone, resume the work of German medical industry (for both German requirements and Soviet reparations demands), and direct the medical departments at the universities. Unlike the British and American health offices, it was also specifically charged with studying the German health system and medical industry (and was given the archive of the military-medical Friedrich Wilhelm Academy for this purpose) so as to identify and extract useful research and products for Soviet use.[53]

Soviet health officials' work was made easier because they had already identified, in principle at least, potential German collaborators, and agreed to make use of them wherever possible—both Germans already in the zone and those still in exile. In the spring of 1945, three 'initiative groups' of German exiles accompanied the Red Army to Germany. Walter Ulbricht's group went to Berlin and helped to set up the new Magistrat and the Berlin district councils. The second group was headed by Anton Ackermann, and moved with the First Ukrainian Front into Saxony. The third group, led by Gustav Sobottka, joined the Second Belorussian Front on its move into Mecklenburg. All three assisted the Soviet occupation authorities. Their first tasks concerned the recruitment of German administrators, and the formation of local and regional authorities. In many cases, they themselves took up leading positions in these new organs.[54]

This collaboration of Soviet officials with German émigrés and 'trusted persons' alleviated some of the problems that distracted the other occupiers. Through KPD

---

[50] Foitzik (ed.), *Inventar*.

[51] 'Stellenplan 1945', 'Stellenplan von 1946', 'Stellenplan vom Feb.1947', 'Stellenplan von 1949', all in Tatjana W. Zarewskaja-Djakina, 'Abteilung Gesundheitswesen', in Jan Foitzik et al. (eds.), *SMAD-Handbuch: Die Sowjetische Militäradministration in Deutschland 1945–1949* (Munich, 2009), 446–55.

[52] Wilhelm Weiß, *Das Gesundheitswesen in der sowjetischen Besatzungszone*, Bonner Berichte as Mittel- und Ostdeutschland (Bonn, 1957). Anna-Sabine Ernst, *'Die beste Prophylaxe ist der Sozialismus': Ärzte und medizinische Hochschullehrer in der SBZ/DDR, 1945–1961* (Berlin, 1997), 11.

[53] Foitzik et al. (eds.), *SMAD-Handbuch*.

[54] This was noted with disdain by some British and American officials, e.g. TNA, FO 371/46733, Political Intelligence Department to Foreign Office, '"Free Germany" Committee members in governments of Brandenburg, Mecklenburg and Saxony', 10 July 1945.

initiatives, over 70 German communists and 300 re-educated POWs were sent back to Germany for administrative work during June 1945, and afterwards the Soviet authorities regularly gave in to KPD requests for more cadres from the POWs in the antifascist schools.[55] Of the thousands of POWs who eventually returned to the Soviet zone, many ended up working for the police force, an area in which the British authorities faced enormous recruitment problems.[56] As time went on, the Soviet authorities at regional levels also increasingly relied on regional KPD party groups, especially for their 'general situation reports' and their testimonials on candidates for jobs. In the field of public health, too, Soviet officials relied on this German input to put a form of 'indirect control' into practice.

That is not to say that there were no problems. The occupiers held the absolute authority for decisions, and the Soviet officers' early appointments of mayors and local authorities could be just as random and ill-judged as those in other zones. Selections were often a result of coincidence, convenience, and ignorance. While Soviet commanders did regularly seek out those recommended by émigrés as opponents of the Third Reich, and they did frequently appoint such individuals, this strategy was not foolproof, nor were there sufficient numbers of trusted people available. Active Nazis and incompetent people regularly found their way into administrations, here just as in the other zones. Nonetheless, the complete lack of orientation and guidance that weighed down particularly the British, was alleviated by consistent orientation points: German antifascists (above all communists and social democrats) were recognized to share important interests with the Soviet authorities, and were enlisted to carry out the most urgent tasks, without having to convince Soviet politicians that such contacts were necessary.

Even before the local administrations were set up, the Soviet authorities actively sought to pass responsibilities to the Germans.[57] Following the guidelines formulated by the KPD, they tried to appoint house and street elders (*Obleute*). The guidelines had specified that local and municipal administrations were to rely on a network of individuals who could oversee developments on a very micro-level: in their streets, blocks, factories. The appointment of house, street, or block elders was often one of the first acts of the military commanders.[58] Unlike in the western zones, these early appointments could be made without having to appease weary and watchful politicians at home.

---

[55] Naimark, *The Russians in Germany*, 42. In spring 1945 the KPD leadership in Berlin had around 50 émigré communists at their disposal and around 100 re-educated POWs, see Keiderling, *'Gruppe Ulbricht'*, 35.

[56] Kai Schoenhals, *The Free Germany Movement: A Case of Patriotism or Treason?* (London, 1989), esp. 129 ff.

[57] e.g. Wolfgang Kohlhaase's film *Ich War Neunzehn* (1968) depicts the journey of a 19-year-old German son of German émigré communists in Moscow, who accompanied the Red Army on their way to Berlin. The film is based on the autobiographical account of the East German filmmaker Konrad Wolf, whose father, the writer Friedrich Wolf, had emigrated to Moscow with his family. See e.g. Marc Silberman, 'The Filmmaker Konrad Wolf', *New German Critique*, 49 (Winter 1990), 163–91. Holger Südkamp, 'Ich War Neunzehn: zur filmischen und politischen Bedeutung von Konrad Wolf's DEFA-Film', *Europäische Geschichtsdarstellungen—Diskussionspapiere*, 2/3 (2005).

[58] e.g. *Berliner Zeitung*, 7 July 1945, quoted in Keiderling, *'Gruppe Ulbricht'*, 50.

These 'elders' or 'trusted persons' were used for a variety of basic tasks: to help organize the clearing of rubble, the compilation of lists of inhabitants and early censuses, the distribution of ration cards, and later more substantial population counts.[59] Their methods were not always appreciated. In November 1945 the mayor for the city district Mitte reported that in response to the order to clear rubble, street and house trustees had been trying to enlist the population to help. 'But one street trustee', the mayor noted with concern, had done this 'in a manner in which we no longer want to act today. He simply wrote: "Those who do not come to shovel rubble won't get ration cards!" The district officials must ensure that street and house trustees put their demands to the population in more polite terms, because we do not want to employ Nazi methods!'[60] Such conflicts notwithstanding, the Soviet authorities initially saw these trustees as useful for the collection of information and for ensuring the population's compliance with orders.[61] To people like Walter Ulbricht, they were also the backbone of a new organization—potential building blocks as well as means of control.

In Berlin this temporary system facilitated general control in the early occupation, but it was of special significance for public health operations. In order to contain the spread of infectious diseases, health officials had to locate, identify, and then treat or isolate infected persons. The new Magistrat health office instructed all doctors in the city to take part in this work.[62] But the identification of infected people was fraught with problems, since so many had reasons to avoid contact with the authorities. Unregistered refugees and displaced persons tried to hide away, as did Nazi Party officials, Wehrmacht deserters, escapees from POW camps, as well as looters, criminals, orphans, and prostitutes. Confinement in quarantine camps was dreaded by all. House trustees were enlisted to help. At a Magistrat health meeting in June 1945 it was agreed that with help from 'the street and health trustees and suitable assistants, every existing household is to be checked for suspected cases of infectious diseases. They are to be reported to the responsible doctor, who will examine them and in turn report to the district health official.'[63] Over the next

---

[59] LAB, C Rep. 907/03-133, Eduard Mellenthsin, 'Zur Situation nach der Befreiung', 18 Mar. 1965.

[60] LAB, C Rep. 131/02-02, Protokoll der am 26.November 1945 stattgefundenen Bezirksamtssitzung, 26 Nov. 1945.

[61] LAB, Magistrat Verordnung 1 June 1945. Also see the Magistrat's 'Status über die Organisation der Haus-, Straßen- und Blockobleute im Rahmen der Selbstverwaltung der Stadt Berlin', Sept. 1945, in Senat von Berlin (eds.), *Berlin—Quellen und Dokumente, 1945–1951* (West Berlin, 1964), 239 ff.

[62] LAB, B Rep. 012/902-5, 'Verordnung über die Bekämpfung übertragbarer Krankheiten, 1.6.1945', 14 June 1945. C Rep. 118–40, Magistrat der Stadt Berlin, Abteilung für Gesundheitsdienst, Hauptgesundheitsamt, 8 Aug. 1945. Also see instructions by the ZVG, e.g. 'Verordnung über den Aufbau des öffentlichen Gesundheitswesens: Bekämpfung übertragbarer Krankheiten' of 17 Sept. 1945, repr. in *Das Deutsche Gesundheitswesen*, 28 (1946).

[63] LAB, B Rep. 012/902-5, 'Niederschrift über die Dienstbesprechung mit den Amtsärzten und leitenden Ärzten der Berliner Gesundheitsämter am Donnerstag, dem 14. Juni 1945, in der Universitätsklinik der Charité'. B Rep. 012/902-27, Amtsartz und Leiter des Gesundheitsamtes Schöneberg, 'Anordnung vom 18.6.45 über den zahlenmässigen Nachweis der bekanntgewordenen Infektionsmeldungen in den Bezirksgesundheitsämtern', 21 June 1945. B Rep. 012/902-27, Gesundheitsamt Bezirk Wedding to Magistrat der Stadt Berlin, Abteilung Volksbildung, Presseamt, 21 June 1945.

---

few months, the district health officials regularly enlisted the trustees for health work. Less successfully, they were occasionally used to locate Nazi doctors and their property.[64]

The trustee system was abandoned as more permanent German authorities were established. After the Western Allies moved into their sectors of Berlin in July 1945, they initially made some use of the elders already in place, but then banned the system.[65] Even Ulbricht and the KPD leadership lost interest once the formation of political parties had been allowed and they could proceed with more systematic party work. The establishment of local, municipal, and regional authorities now became the prime focus. But here, too, the Soviet authorities' German contacts facilitated and sped up the construction of these more permanent organizations.

The Soviet preference to give the Germans responsibility for as much of the routine administration as possible certainly stemmed to a large degree from their personnel shortages, a problem comparable to, but more severe than, the American demobilization pressures, and which had eventually similar results. Soviet health officers complained regularly about shortages. An officer based in Brandenburg, one of the most devastated areas of the zone, complained in November 1945 that only four health officers were available for the area, and the head of the Health Department had been away on leave for most of the month. It was vital, he argued, that more staff were made available—at the very least, those going on leave had to be assigned deputies who could carry on in their absence. Soviet specialists also had to be recruited, particularly epidemiologists and venerologists.[66] Lack of personnel also hampered the American and the British health operations, but the Soviet authorities were less cautious from the outset about the establishment of German administrations, and they proceeded earliest. In late June 1945, after the British and Americans had withdrawn from the territory of the Soviet zone, the SMAG released an order to create military government offices in the five provinces, to be matched by German provincial administrations.[67] They were formally endorsed at the beginning of July 1945, and received legislative powers in October 1945.[68]

Unlike the other occupation powers, who at the outset only established local and regional German administrations, the Soviet authorities quickly took steps to

[64] e.g. LAB, C Rep. 131/03-02, Mostroph (Strassenobmann), 'Meldung betr. Volksgesundheitsbund der NSDAP', 26 Jan. 1946.

[65] The system of elders was banned in the American sector on 18 Sept. 1945, and in the British sector on 12 Oct. 1945. Keiderling, *'Gruppe Ulbricht'*, 52.

[66] BAB, Z47F, 7317/57/11, Major Rubanov (SMA Brandenburg) on work of the Soviet Health Department in Brandenburg in Nov. 1945.

[67] On German self-government in public health: a report from Saxony stated that by early Sept. 1945 'the German organs of self-government had created 23 town departments of health, 12 regional departments and 7 mixed (town/region) departments, which entered the system of self-government. The town, district and provincial directorates are constructed according to a definite structure which answers the needs dictated by the German population's need for the provision of medical services on wide democratic principles.' BAB, Z47F, 7317/57/11, monthly report for Nov. 1945 from SMA Saxony Health Department, 19 Dec. 1945.

[68] Benz, *Deutschland unter alliierter Besatzung*, 440.

create German-staffed specialist zonal authorities.[69] Soviet Order No. 17 of 27 July 1945 established a series of central administrations (*Zentralverwaltungen*), to function essentially like ministries and responsible for the whole zone. The Central Health Administration, the Zentralverwaltung für das Gesundheitswesen (ZVG), was one such quasi-ministry, with German émigrés and their old political contacts from before 1933 making up a significant part of the organization.[70] While British officials struggled to implement some form of indirect control of German health workers, the Soviets found this easier, undoubtedly aided by the fact that Maxim Zetkin (a Soviet citizen, whom we have encountered in Chapter 4), was vice-president of the ZVG and above suspicion—a real 'intermediary'. Soviet officers sometimes seemed embarrassed about telling German doctors and health officials what to do, since, in their eyes, German medicine was so superior.[71] In these conditions, the ZVG soon developed from a mere recipient of Soviet orders into a powerful institution.[72] On issues not affecting the health of the Soviet troops, it was left essentially a free hand.[73]

The availability of German collaborators, and their practical preparations, alleviated some of the taxing problems of the early occupation period. Nonetheless, the Soviet zone was no different in that many of the projects could not be fulfilled. The conviction that it would be possible to compile complete registers of former NSDAP members (as had been anticipated in the KPD guidelines), let alone punish them consistently, proved naïve and unfeasible. For many in the Soviet zone, Nazi Party membership, and particularly an individual's degree of activity in and support of the Nazi regime, remained contested and disputed for years to come.

The cleansing of German society from Nazi personnel and ideology was to be a major part of Soviet policy in Germany, and that included the health service. Some of the earliest evidence on German medical atrocities had been collected by a Soviet committee, years before preparations began for the American-initiated Nuremberg medical trials of 1946–7. Stalin had established the National Commission on Nazi

---

[69] By comparison: the *Länderrat* was established in the American zone on 17 Oct. 1945 as a conference of the state presidents to coordinate the state administrations, with greater powers after 1947. Central German administrations were also formed for the US-UK Bizone in 1947, dealing with food, traffic, economy, finance, and postal services.

[70] BAB, DQ1/2, 'Befehl des Obersten Chefs der Sowjetischen Militär-Administration und Oberkommandierenden der sowjetischen Besatzungstruppen in Deutschland, den 27. Juli 1945, Nr.17', signed by Marshall Zhukov, Lieutenant-General Bokov, Colonel Kurasov, Lieutenant Ognev.

[71] On the German medical achievements to be learnt by Soviet specialists, see e.g. BAB, Z47F, 7317/56/23, Kuznetsov (SMAG health department) to Marshall Zhukov, 7 Feb. 1946.

[72] One of its responsibilities was planning the distribution of doctors across the zone. By contrast, Benz claims that the 11 central administrations were 'mere supporting organs without their own responsibilities', referenced with a West German PhD thesis from 1967. Wolfgang Benz, *Potsdam 1945: Besatzungsherrschaft und Neuaufbau im Vier-Zonen Deutschland* (Munich, 3rd edn. 1994), 132. Regarding the ZVG, this position cannot be supported; also compare to Ernst, '*Die beste Prophylaxe*', 28–9.

[73] e.g. on social security and insurance policy, see Udo Schagen, 'Kongruenz der Gesundheitspolitik in der Sowjetischen Besatzungszone?', in Wolfgang Woelk and Jörg Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002), esp. 400.

War Crimes in November 1942 to collect evidence on German atrocities through interviews with witnesses, interrogations of German prisoners, forensic investigations, and documentary research. Between 1943 and 1947, the commission prepared over 250,000 reports. Such evidence was marshalled by the Soviet authorities in their first prosecutions of war crimes of the Second World War; the particular case concerned a German massacre of psychiatric patients at Kharkov, but on the basis of these investigations other details of German medical atrocities were then also widely publicized.[74]

The Soviet authorities took early steps to intern leading Nazi officials and remove active party members from their offices and positions of responsibility. Like the other occupiers, they used questionnaires to assess individuals' involvement in Nazi activities (see Fig. 7.1).[75] The medical profession was only one of the many professional groups to be denazified. As in the other zones, Soviet and German officials were aware of the extent to which doctors had been active within the NSDAP and its affiliated organizations. A ZVG memo from March 1946 estimated that at least '65 to 80 per cent' of the doctors in the Soviet zone had joined the NSDAP.[76] Among doctors in Saxony, a Soviet report stated, 'up to 85 per cent were members of the fascist party. Undoubtedly, this fact has resulted in the widespread infestation of the organs of health with fascist elements. Cases have been observed, where individual leaders of the German health institutions have concealed their membership of the fascist party, and only after careful, many-sided study of the leading elements of the German health service were all the fascists revealed.'[77] In January 1946, Kuznetsov reported to Marshall Zhukov that even after the most ardent Nazis had been sacked from the medical faculties, the numbers of Nazis remained high. 'In Halle and Thuringia', Kuznetsov went on, no purge at all could be carried out 'because of the absence of transport'.[78]

German health officials were concerned by early signs that the Soviet authorities intended to take the purge of the health service very seriously. When Georg Wundram was appointed by General Berzarin in May 1945 to organize and run the Berlin veterinary service, it initially seemed to be straightforward. 'When I asked whom I should consider,' Wundram remembered, 'the gentlemen told me the following: You can take anyone who joined or was forced to join the party after 1933, as long as they did not act as functionaries.' But just a few weeks later, on 30 June 1945, a Soviet order demanded the immediate dismissal of all former party members, and Wundram was now told that, from 'the 20 veterinary officers just recruited, I had to dismiss 12 immediately'. Wundram 'made a complaint to

---

[74] Paul Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (London, 2004), 31–2.

[75] e.g. on a list of tasks for Feb. 1946, one was the 'Characterisation of the German doctor cadres on the basis of an examination of 8500 questionnaires' Z47F, 7317/56/23, plan from Kuznetsov, 17 Jan. 1946. See also BAB DQ1/92, 'Fragebögen für sämtliche Heilberufe', [undated].

[76] BAB, DQ1/93, Aktennotiz, 18 Mar. 1946.

[77] BAB, Z47F, 7317/57/11, monthly report for Nov. 1945, from SMA Saxony health department, 19 Dec. 1945.

[78] BAB, Z47F, 7317/56/23, Kuznetsov report for Dec. 1945, 23 Jan. 1946.

Figure 7.1. Questionnaire for medical professions, Soviet zone [February 1946]

This material is not covered by the Creative Commons licence terms that govern the reuse of this publication. For permission to reuse please contact the rights holder directly.

Councillor [Wilhelm] Pieck, and we agreed that those who had been dismissed were to be re-employed a few days later as individuals conscripted to community service'.[79] But the incident seemed to signal that the Soviets' denazification intentions were not to be written off lightly. Dr Wolf, a German health official from Saxony, reported in November 1945 that his office had given the Soviet authorities a list of 'over forty people' who were 'simply indispensable'. But the Soviet officer had not been sympathetic at all—'thirty people have been crossed out, and for the remaining ten a deadline for their replacement has been given: a fortnight, at most four weeks'.[80] A few months later Kuznetsov wrote to Zhukov that 'it has been suggested, for a second time, to the heads of the sector of the province to carry out a quicker and more energetic purge in the German organs of health and to replace members of the fascist party by antifascists and democratically inclined doctors'.[81]

A number of doctors, particularly in the fields of virology and vaccine research, had been under suspicion for some time. The bacteriologist Heinrich Zeiss, who had established the central bacteriological laboratory in Moscow in 1921, and worked there and at other biochemical and medical-geographical research institutes until his contract was terminated in 1930, now came into view again. He had reported details on Soviet conditions to the German embassy in Moscow throughout his time in the Soviet Union, had joined the NSDAP in 1931, and in 1933 became director of the prestigious Institute of Hygiene in Berlin. Although the NKVD's accusation that Zeiss had masterminded the bacteriological warfare against the Soviet Union could not be substantiated, it was not surprising that Zeiss was arrested in 1945. In fact, we now know that Zeiss's diverse research projects were all geared towards the German conquest of the East.[82] He was tried by the Soviet authorities in 1947, and died in March 1949 in a prison hospital in Vladimir from Parkinson's disease.[83] Even if some of these efforts were driven by score-settling rather than more systematic denazification criteria, from the start the Soviet authorities made determined efforts to cleanse German society.

But denazification of the health service was seriously hampered by the shortages of doctors who could take over once the Nazi doctors had been dismissed.[84] Shortages of general practitioners, specialists, nurses, and health officials were particularly severe in the two central and northern provinces of the zone, Brandenburg

---

[79] 'Arbeitsdienstverpflichtete', BAB, DQ1/1338, Diskussion zum Referat Dr Leo, 'Massnahmen gegen Pg.-Ärzte, Ausbildungs- und Prüfungsangelegenheiten der Angehörigen der Heilberufe, die durch den Faschismus verfolgt waren', 3.Tagung der Leiter der Landes- und Provinzialgesundheitsämter am 11.11.45.

[80] 'Arbeitsdienstverpflichtete', BAB, DQ1/1338.

[81] BAB, Z47F, 7317/56/23, Kuznetsov's report for Dec. 1945, 23 Jan. 1946.

[82] Paul Weindling, 'Heinrich Zeiss, Hygiene and the Holocaust', in Dorothy and Roy Porter (eds.), *Doctors, Politics and Society: Historical Essays* (Amsterdam, 1993), 181.

[83] Hans Harmsen, *Gesundheitspolitische Organisation in der DDR und im Ostblock: Zur Entwicklung und Organisation des Gesundheitswesens in der DDR unter Mitberücksichtigung der UdSSR und osteuropäischer Volksdemokratien* (Hamburg, 1975).

[84] Ruth Mattheis has claimed the opposite, Ruth Mattheis, 'Der öffentliche Gesundheitsdienst in der Nachkriegszeit: Reorganisation und zukunftsorientierte Ansätze', in Akademie für öffentliches Gesundheitswesen in Düssldorf (eds.), *50 Jahre Gessetz über die Vereinheitlichung des Gesundheitswesens* (Düsseldorf, 1984), 43–4.

---

and Mecklenburg, and were discussed on many occasions.[85] During a meeting in November 1945, a German health official from Brandenburg, Dr Christians, expressed his concern about the huge personnel problem faced by his office. They were short of at least 150 doctors. He had been ordered to staff the main office with twelve doctors, but he only had two. Although he had been asking the southern provinces for months to send him doctors, they had only managed to send four.[86] But problems also existed in the south of the zone. Saxony and Thuringia, while occupied by American troops, had been saturated with doctors, but this surplus quickly evaporated when the Soviets arrived. Dr Drechsler, a health official from Thuringia, noted that before November 1945 300 surplus doctors had been counted in his area, but by mid-November 1945 most of them had moved westwards into the British or American zones.[87]

The combination of potentially disastrous health conditions and serious personnel shortages limited the scope of denazification in the medical profession, and compromises increasingly dominated in the new policies. As in the other zones, the initial period of quick dismissals and strict applications of procedures was followed by a reassessment, as Soviet and German authorities insisted that more flexible and viable arrangements were necessary. And ideologically, the focus on a structural transformation of German society—the weakening of the socio-economic base which had given rise to and supported Nazism, through land reform and expropriation—made it easier to be less insistent on the removal of any particular individuals.[88] Far from the ambition that NSDAP members should not be allowed to remain in any positions of responsibility, in reality, just as in the other zones, former Nazi doctors became a crucial pillar of the zone's health service.

A letter from July 1946 outlined three main problems with the denazification of medicine: '1.) Unreliability of the questionnaires. 2.) Support of some Nazi doctors from official organs. 3.) Lack of replacements.'[89] Problems with the questionnaires were widely acknowledged, and plagued not just the health service. Questionnaires alone, this memorandum reiterated, could 'give no correct picture about the political past of the person concerned. It is necessary to obtain detailed information with the help of the local police authorities, but particularly through the local groups of the antifascist parties.' The second point affected the health service more specifically. Mayors and regional administrators were keen to hold onto their doctors, Nazi or not, and regularly stymied attempts to identify and remove former Nazis from their jurisdiction. The smooth running of their regions

---

[85] BAB, DQ1/93, Deutsche Zentralverwaltung für das Gesundheitswesen, 'Ärzte-Planung' [undated, autumn 1945]. DQ1/93, Präsident des Landes Mecklenburg-Vorpommern, 'Verordnung Nr. 130, betr. die Einberufung von Ärzten und anderen Angehörigen der Heilberufe zu fachlichen Dienstleistungen', 26 Sept. 1946.

[86] BAB, DQ1/1338, 3.Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter vom 10. November 1945.

[87] BAB, DQ1/1338, 3.Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter vom 10. November 1945.

[88] Compare Mary Fulbrook, *The Two Germanies, 1945–1990: Problems of Interpretation* (London, 1992), 64.

[89] BAB, DQ1/93, letter to Schölmerich, 22 July 1946.

depended, to a large extent, on a functioning health service, and losing medical personnel would only hamper their work.[90] The job of convincing local authorities to part with their Nazis would be easier if new candidates were available to replace them, but they were in extremely short supply. The third point was therefore the most serious. The lack of professionally and politically adequate replacements could only be overcome over a long period of time, the letter maintained, and only through detailed coordination of the regions and the assessment of cases on their individual merits. In the shorter term, compromises had to be made.

The shortages on one hand and the restrictions imposed by the denazification directives on the other were regularly voiced concerns by German health officials. As early as June 1945, Ferdinand Sauerbruch told the Berlin health officers that the personnel question had become acute. 'In future', he said, 'personnel measures need to consider above all that the medical supply of the population suffers no significant damage.' At these and subsequent meetings, there was overwhelming agreement that those doctors who had at some point been involved in the NSDAP should be allowed to continue. This was not only because, as Sauerbruch maintained, this was the 'humanly loyal' thing to do, but primarily because it was 'in the interest of public health'. A strict application of party membership as a reason to dismiss doctors, Dr Emanuel insisted, was 'regrettable', and would 'lead to a crisis, especially in the care for venereal diseases'.[91]

This argument was made more vocally as conditions deteriorated. At a meeting in September 1945, a Red Cross representative complained that '[w]e are doing everything possible, but we have no personnel at our disposal, no nurses and no medical auxiliary personnel. We have been told that we are not allowed to employ women who have been involved in the Nazi women's organizations. Where are we supposed to get personnel from? If the ex-Nazi women cannot be used, then nothing is possible.'[92] The Saxony health officer said that 'he could not easily do without the assistance of former party members, not even without the active ones'. In Brandenburg, another health officer reported, 'over 90 per cent of the hospital doctors were in the [Nazi] Party. For the time being, technically irreplaceable doctors, such as surgeons, will have to stay in their positions, but also other specialist doctors and directors must still be employed in the interim, even if they were in the Nazi Party.'[93] Others said that there were not even enough people available for training, which was itself a long process. A month later, one health official observed that 'we are forced into the role of the Nazi protectors, just simply by having to carry out absolutely essential work'. But, he added, he and his colleagues also knew

---

[90] e.g. LAB, C Rep. 118–584, Dr H. Graass, 'Darstellung meiner Arbeit als Ärztlicher Direktor im Waldhaus Charlottenburg', [undated].

[91] LAB, B Rep. 012/902-5, 'Bericht über die von der Abteilung für Gesundheitsdienst veranstaltete Dienstversammlung der leitenden Ärzte und der Amtsärzte der Berliner Gesundheitsämter am Donnerstag, den 31.5.1945, 16 Uhr in der Chirurgischen Universitätsklinik der Charité', 14 June 1945.

[92] Zhukov's order of 19 Sept. 1945 dissolved the Red Cross in the Soviet zone, and all regional offices were also to be dissolved. But at meetings, German health officers sometimes continued to identify former Red Cross members as such.

[93] BAB, DQ1/1338, meeting of *Land* and provincial health officers, [19 Sept. 1945], 71.

---

that 'generally speaking, the equation of Nazi Party member equals Nazi activist simply does not reflect reality'.[94]

The realization that Nazis, even active ones, were necessary for maintaining order and preventing public health disasters also struck many Soviet officials. In anticipation of the winter months, the Soviet authorities insisted that denazification in the medical sphere had to be conducted pragmatically. Even though Soviet officials generally reserved the right to make final decisions on individual cases, they were often willing to accept lenient and pragmatic adjudications.[95] As Kuznetsov explained to Zhukov, 'The general purification of these posts from Nazis is taking place dependent on the selection of suitable candidates and on the necessity of preserving an uninterrupted health service for the population, given the vastly increased tendency to get sick.' One series of compromises was made, with Soviet approval, just days after hostilities ended: people like Ferdinand Sauerbruch, Erwin Gohrbandt, and Georg Wundram were recruited to the Soviet zone's health service, regardless of previous military and political activities. Some Germans were disconcerted that doctors with Nazi affiliations such as Sauerbruch were being appointed, and that Soviet commanders seemed so lenient with Nazis.[96]

Soon, more extensive compromises were being contemplated. At a meeting in September 1945, Paul Konitzer (the president of the ZVG) explained that the question of what could be done with the ex-Nazi doctors had been raised with the Soviet authorities, and everybody accepted that compromises had to be made. At the most recent negotiation, he said, '[w]e were told that we should make those doctors and other personnel work for us. We must not give them any positions of responsibility, but should make them work under supervision. At the moment we cannot proceed without them.'[97] Through so-called 'emergency contracts of employment', it became possible to employ former Nazis temporarily to carry out important jobs, and to allow them to continue in their clinical jobs. Fritz Leo (or Lettow), a concentration camp survivor and department head in the ZVG, explained that while 'politically implicated men and SS doctors will be excluded completely', actually, 'as far as is absolutely necessary and tolerable, active fascists could perhaps still be employed for another three to six months'. And, he went on, 'small-fry and nominal Nazis (*Mitläufer*) will be continued to be treated accommodatingly. A similar procedure will be instituted for hospitals and other institutions.'[98]

[94] BAB, DQ1/1338, 'Diskussion zum Referat Dr Leo'.
[95] BAB, Z47F, 7317/56/23, report from Kuznetsov to Zhukov, 14 Feb. 1946. Heinz Domeinski, 'Zur Entnazifizierung der Ärzteschaft im Lande Thüringen', in A. Thom and H. Spaar (eds.), *Medizin im Faschismus* (Berlin, 1985), 250–5.
[96] Wilhelm Pieck reported that he had received complaints that too many Nazis were still at liberty, and had even acquired administrative posts; complaints particularly concerned Sauerbruch's appointment. 'Gespräch Wilhelm Piecks mit Oberstleutnant K. L. Selesnjow', 26 June 1945, in Keiderling, '*Gruppe Ulbricht*', 581–2.
[97] BAB, DQ1/1338, 'Protokoll über die Sitzung am 18.9.45', 59, 67.
[98] BAB, DQ1/1338, meeting of *Land* and provincial health officers, [19 Sept. 1945], 71. At the same meeting, Konitzer's proposal to compile a list of antifascist doctors received only a lukewarm welcome.

Just as in the other zones denazification was to focus primarily on the health administrative and hospital positions, and was to be applied less strictly among the general practitioners; just as in the other zones, this emphasis was hampered by the fact that health officers' jobs were not popular. Professor Walter, from the Mecklenburg health office explained: 'What can we offer our officers of health? At the beginning we could not even pay their wages. Now they get the salary of a schoolteacher. We have taken them away from their practices, we cannot give them cars, and we don't have food for them either. A man is much better off in his private practice than as a health officer. Currently I have no other doctors and have to work with 90 per cent Nazis. I consider it unlikely that we will get new recruits in the near future.' Dr Wolf pointed out that 'general practitioners—especially our disreputable Nazi doctors—earn 10,000 marks a week'.[99]

It was not just health officers' jobs that were unpopular. Epidemic work, the most urgent of all, was universally loathed by doctors, especially where it required working in refugee camps and quarantine stations. As a result, the German health authorities devised a system of emergency conscription. They extended the emergency measures that had been in operation during the war years, with the crucial difference that the doctors called up were specifically those who had been members of the NSDAP.[100] At a meeting in November 1945, ZVG officials explained they had agreed with the Soviet authorities that although former members of the NSDAP were generally not to be employed, '[i]ndispensable qualified personnel such as doctors, technicians, mathematicians, statisticians, technical or administrative specialists can be conscripted from the ranks of former NSDAP members, if they have not been active Nazis and if their employment is necessary for reconstruction, for the prevention of dangers or for the overcoming of crises. This is a form of work conscription.'[101] Soon, even active Nazis were included in this arrangement. In December 1945, a directive stated that '[w]e do not have enough doctors for the struggle against epidemics and the treatment of refugees', and the 'situation is deteriorating as more and more refugees arrive. In addition to the measures already ordered, the following is decreed: All doctors, if they have been members of the Nazi party or one of its affiliated organizations, who apply to district health offices for employment or permission to practice, are henceforth obliged to work in the prevention of epidemics and treatment of refugees.'[102]

This conscription was widely practised. Since the ratio of doctors to patients continued to be much better in the south of the zone, former Nazi doctors from Saxony and Thuringia in particular were ordered to participate in urgent epidemic operations in the most devastated areas in the north of the zone. As early as

---

[99] BAB, DQ1/1338, 'Diskussion zum Referat Dr Leo', 148.
[100] Leo, BAB, DQ1/1338, meeting of *Land* and provincial health officers, [19 Sept. 1945], 71. 'Notdienstverordnung vom 15.10.1938' and 'VO zur Sicherstellung der ärztlichen Versorgung vom 27.5.1942', both in Ernst, *'Die beste Prophylaxe'*, 182.
[101] BAB, DQ1/1338, 'Diskussion zum Referat Dr Leo', especially statement of Mössig, 147 ff. Also see DQ1/93, ZVG draft, 16 Oct. 1945.
[102] BAB, DQ1/93, ZVG to LGA Saxony, Thuringia, Mecklenburg, Provinzialgesundheitsamt Sachsen and Brandenburg, 29 Dec. 1945.

September 1945, a health official from Saxony reported that in his area, Nazis had been 'divided into three groups. The first group has to be dropped completely. The second will be used in special operations—a kind of penal appointment—and will be paid wages. The third group will be left to run their practices, but with some limitations and without the [full] responsibilities.'[103] A Soviet report on the health situation in Brandenburg observed that in November 1945, thirty-five doctors had been received from Thuringia, and most were ordered to carry out epidemic work.[104] Numerous individual cases also document this development. In December 1945, the ZVG sent a Dr Rauschning to the Brandenburg health office. He 'was forbidden to practise medicine by the American Military Forces because of his membership in the NSDAP', they explained, but here he was 'suitable for employment in the epidemic service'.[105] In the same week, a Dr Amschler, who had also been a member of the NSDAP, was sent to Brandenburg so that he could be 'put to work in the interest of the public good', and his 'special knowledge and ability' be taken into account.[106]

Through these conscriptions, two problems were solved at the same time: the most devastated areas received much-needed medical personnel from those with a surplus (see Fig. 7.2), and politically implicated doctors were somewhat punished by having to move to new areas and carry out difficult and dangerous work. Some ZVG people also gave a more strategic interpretation: sending Nazi doctors to new areas, where they would generally not know anybody, would help to break up 'anti-democratic cliques'.[107] It was perhaps unavoidable that Nazis would have to be tolerated in public health employment, one memo agreed, but it could at least be arranged that 'those reactionary elements who form a tightly woven and suffocating belt around our reform attempts' were removed from their areas, and their networks severed.[108]

This policy had some unintended consequences. Health officials in the areas most in need of medical personnel complained that they were only ever sent Nazi doctors, and never any politically useful individuals, which made their own denazification attempts utterly futile. Hermann Redetzky, in charge of the Mecklenburg health office, wrote that '[u]p to now, almost all the doctors who have been sent to *Land* Mecklenburg-Vorpommern to work in the epidemic service or the care of resettled persons have been old party members (memberships from 1931 to 1933). As grateful as we are about the support given in these allocations of doctors, I would like to register considerable concern about that fact that only such heavily implicated Nazi doctors are being sent to us. The already difficult issue of political cleansing and the assistance of Nazi doctors is thus made infinitely more problematic. Of course, I have no complaints about the practical work done by these doctors, but I believe that it must be possible

---

[103] BAB, DQ1/1338, meeting of *Land* and provincial health officers, [19 Sept. 1945], 71.
[104] BAB, Z47F, 7317/57/11, Major Rubanov (SMA Brandenburg), on work of SMA health Brandenburg in Nov. 1945. Z47F, 7317/57/11, Landesgesundheitsamt Thüringen to SMA Thüringen, 14 Dec. 1945, 'betr. Monat November 1945'.
[105] BAB, DQ1/92, ZVG to Provinzialverwaltung der Mark Brandenburg (Abteilung für Gesundheitswesen, Potsdam), 21 Dec. 1945.
[106] BAB, DQ1/92, ZVG to Dr Amschler, 28 Dec. 1945.
[107] BAB, DQ1/93, ZVG minute, 18 Mar. 1946. Ernst, *'Die beste Prophylaxe'*, 128.
[108] BAB, DQ1/93, Memorandum from Poelz [?] to Leo, Hess, Gysi, 16 Oct. 1945.
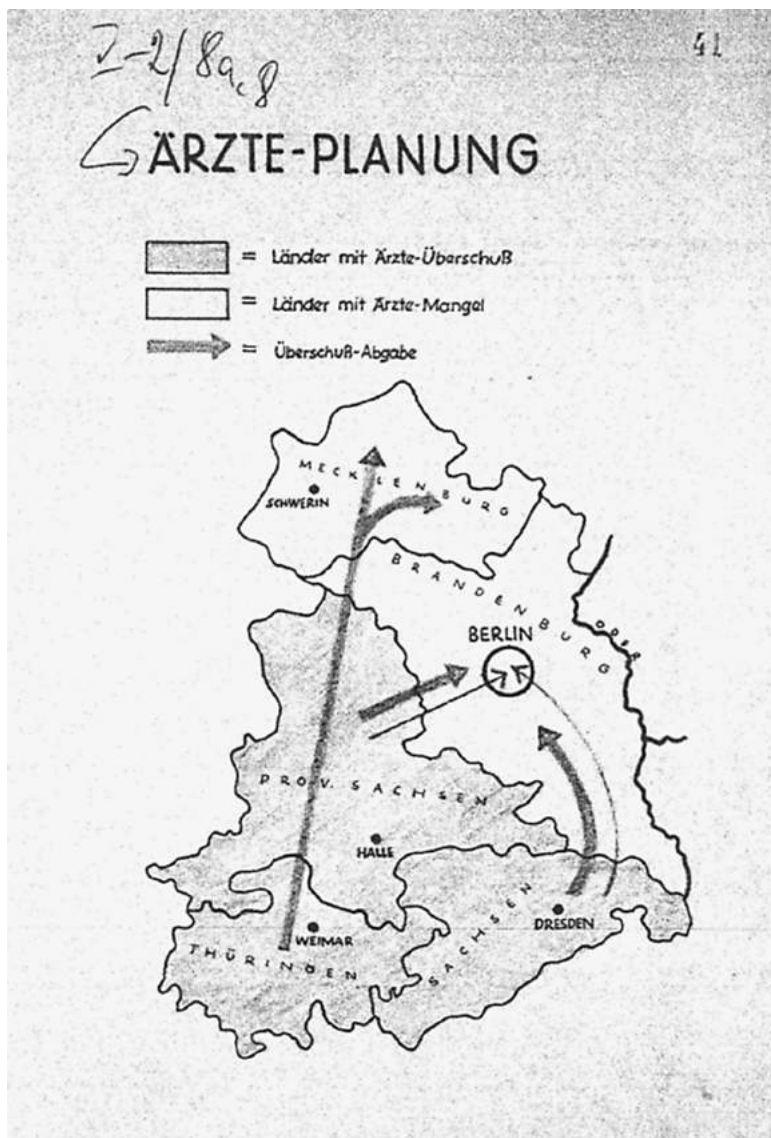
Figure 7.2. 'Ärzte-Planung', map for redistribution across the Soviet zone, 12 December 1945

to make a more balanced selection.'[109] At a meeting in November, Dr Christians reiterated that he did 'not want the province of Brandenburg to become a high density province, or that the Nazis from *SS-Obergruppenführer* to *SS-Untergruppenführer*

---

[109] BAB, DQ1/93, Hermann Redetzky (President of Mecklenburg-Vorpommern health office), to LGA Thüringen and Sachsen, and ZVG, 16 May 1946.

all end up in the province of Brandenburg, of all places. From a hundred doctors, I would like to get at least ten antifascists.'[110]

These pleas had little effect. Even more problematic was that doctors often resisted the conscription orders, or fled on the way to their new placements. Dr Christians noted that 'doctors come very unwillingly to the province of Brandenburg, and when they see the delightful scene that awaits them, they don't even get out of the train'.[111] In November 1945, a note from the Thuringia health office stated that of 106 ex-Nazi doctors sent to Brandenburg and Mecklenburg, only 80 had reached their destination.[112] The Saxony health office reported that from their initial surplus of over 300 doctors, half had meanwhile fled to the western zones, and the other half had simply refused to be conscripted.[113] Mayors and other district officials often supported the doctors' refusal to move, and the ZVG's attempts to take 'strictest measures', or 'to lock up ruthlessly all those who refuse[d]', were greeted with scorn.[114]

In spite of these problems, the conscription of former Nazi doctors into the health service was widely seen as an effective measure. While conscription into the epidemic service had been designed as a stopgap measure, and even a form of punishment, in practice, much to the disgust of left-wing health officers, it was often a means for the permanent rehabilitation of Nazi doctors. In December 1946 the communist Carl Coutelle noted with concern that the epidemic urgency had passed, but that many of those sent to new areas had in the meantime opened new private practices. Nobody bothered them anymore since they had apparently done their duty, and, since the health authorities in their new areas often did not know about their backgrounds, they rarely had to face any further denazification.[115]

While the conscription itself was based on necessity, it also contained the idea both of a neutralization of Nazi elements in the public health service, and the possibility of atonement or probation through such work. Occasionally it was spelled out that work in the epidemic operations could enable Nazi doctors to make up for their past. One notice proclaimed that by relocating to areas where they were most needed, 'every doctor does his bit to overcome the heavy burden of guilt which unworthy doctors have incurred in their treatment of other peoples and their own countrymen in the concentration camps'.[116] Sauerbruch, who himself was not very keen on an appointment to the Berlin Magistrat, was offered a kind of atonement: 'especially because you have loaded on yourself a certain share of the blame,' he was told, 'you must now do everything to help the millions of Berlin inhabitants by

---

[110] BAB, DQ1/1338, '3.Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter vom 10.November 1945', 117.

[111] BAB, DQ1/1338, '3.Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter vom 10.November 1945', 117.

[112] BAB, DQ1/93, LGA Thüringen an SMA Thüringen, 28 Nov. 1945. Ernst, *'Die beste Prophylaxe'*, 159.

[113] BAB, DQ1/93, memo to Fritz Leo, 14 Nov. 1945.

[114] BAB, DQ1/1338, 'Besprechungsniederschrift über die Sitzung der Leiter aller Provinzial- u. Landesgesundheitsämter der sowjetischen Okkupationszone in der Zentralverwaltung für das Gesundheitswesen am 2. Oktober 1945'.

[115] BAB, DQ1/182, 'Protokoll der Tagung der Personalreferenten der LGA am 21.12.1946'.

[116] BAB, DQ1/93, 'An alle Ärzte!' [undated].

building up an ordered health service and thus to protect them from the serious damage of epidemics. This is an honourable task.'[117]

Although health conditions gradually improved—by late 1947 most water and sewage installations had been repaired and the major infectious disease rates lowered—German and Soviet commentators were forced to conclude that the denazification of the medical profession had largely failed. As Kuznetsov noted in February 1946, not only were communists and social democrats still a minority in the German health service, but the removal of Nazis had so far been unsuccessful. Among the local and regional health departments, he wrote, there were at least 25–30 per cent former Nazis, and the 'chief doctors at the hospitals, who play a considerable role in the German populations' health provision, are the group which is most infested by former Nazis. Amongst 417 chief doctors of the major hospitals . . . there are over 50 per cent Nazis.'[118]

CONFRONTATIONS

Confrontations between German and Soviet officials took place over a range of issues. Conflict stemmed particularly from German dismay about regular reminders that Soviet interests, rather than German welfare, were of primary importance. One of the most contentious problems was that of venereal diseases, at all times a major concern of the Soviet authorities. Soviet reports contained lengthy discussions of this topic, and expressed great alarm about high infection rates among their troops and the population at large. The German authorities were blamed when a series of measures and Soviet orders did not seem to have had much effect. A Soviet health officer based in Saxony reported that 'the VD infection rates among the military personnel in the area, which remained high during October, have also not improved in November. The German authorities have failed to open venereal departments in Dresden and Leipzig.'[119] Some months later, Kuznetsov complained to Zhukov that, despite his department's best efforts, VD rates were still very high, mainly because the German health authorities had not done enough to reduce them. The high VD rates, he maintained, could be 'explained not only by the current social and economic circumstances of Germany, but they are also the result of the unsatisfactory work of the German organs of health. Despite an increase in the number of medical institutions which treat venereal diseases, the German organs have still not taken satisfactory measures in response to the commander-in-chief's order of 7 August 1945 to come to grips with venereal diseases.'[120]

[117] Hans Mahle, 'Aus unveröffentlichen Erinnerungen', 1988, in Keiderling, *'Gruppe Ulbricht'*, 721. In their memoirs, both Mahle and Walter Ulbricht claim to have approached and recruited Sauerbruch independently, and it is not clear who actually talked to him.

[118] BAB, Z47F, 7317/56/23, Kuznetsov to Zhukov, 14 Feb. 1946.

[119] This passage was underlined. Z47F, 7317/57/11, monthly report for Nov. 1945 from SMA Saxony health department, 19 Dec. 1945. The VD problem was top of the list in Z47F, 7317/57/11, report for Nov. 1945, on state of health services in Saxony, Serkova, 20 Dec. 1945, signed also by Morosov.

[120] Z47F, 7317/56/23, Kuznetsov letter to Zhukov, 7 Feb. 1946.

These complaints about inadequate German efforts to some extent reflected Soviet health officers' attempts to avoid responsibility for failures and administrative responsibilities. But they also stemmed from the realization that German doctors did not always agree that the VD problem really was the most pressing of all the health issues. In November 1945, Franz Redeker reminded a Magistrat health meeting yet again that 'the occupying powers were particularly sensitive with regard to venereal diseases'. The meeting knew what this entailed—having to concentrate all efforts into VD control when other problems, tuberculosis for example, were deemed to be more urgent.[121] These tensions were exacerbated because, in contrast to the Western Allies, the Soviets had hardly any penicillin at their disposal to make VD treatment more popular. Treatment was dependent on traditional and unpopular methods without rapid results, such as the use of Salvarsan, which had long and complex treatment courses and side effects.[122] Penicillin, which made the treatment of gonorrhoea and syphilis so much faster and painless in the other zones, was only available in very small quantities in the Soviet zone, and never for the treatment of non-venereal diseases, much to the German health officials' dismay.[123] In February 1946, a SMAG report complained of shortages and called for increased production of penicillin at the plant in Adlershof, and the urgent supply of other drugs through the Soviet zone's trade with the western zones.[124] But the ZVG complained about severe shortages of penicillin as late as January 1949.[125] Throughout the post-war years, at joint meetings of health officials from the four Berlin sectors, those from the eastern city districts heard how their western colleagues had been given drugs which they themselves lacked.[126]

Perhaps the greatest source of confrontations between German and Soviet officials, and between different Soviet interests, regarded the policy of extracting reparations from industrial installations, from goods and raw materials—including both the organized waves of dismantling industries, railway tracks, and harbour installations, and the Soviet soldiers' spontaneous hunts for trophies (including raw material, cars, food, money). Initially, the situation was particularly extreme in Berlin, where much of the industrial centre was to be removed. Dismantling squads rushed to work, because the imminent arrival of the other Allies in the western sectors meant they would soon have to give up those parts. As Theodor Plievier described, '[t]here had hardly been time to clear up the corpses of the war casualties and suicides which were lying everywhere in the grounds. Machines, furniture, work benches and cupboards, window and door frames, floors and window sills,

---

[121] LAB, B Rep 012/902-5, Magistrat health meeting on 8 Nov. 1945.

[122] Stefan Kirchberger, 'Public Health Policy in Germany, 1945–1949: Continuity and a New Beginning', in Donald W. Light and Alexander Schuller (eds.), *Political Values and Health Care: The German Experience* (Cambridge, Mass., 1986), 204. Timms, *The Politics of Fertility*, 37.

[123] Andreas Dinter, *Seuchenalarm in Berlin: Seuchengeschehen und Seuchenbekämpfung in Berlin nach dem II. Weltkrieg* (Berlin, 1999).

[124] BAB, DQ1/139, excerpt of SMAG report, 12 Feb. 1946, also 'Massnahmen zur Abstellung noch bestehender Mängel in der Durchführung des Befehls Nr. 030', also quoted in Timms, *The Politics of Fertility*, 224.

[125] BAB, DQ1/2209, Dr Marcusson, 20 May 1951. Timms, *The Politics of Fertility*, 224.

[126] LAB, B Rep. 012/902-5, 'Besprechung der Amtsärzte am Donnerstag, d. 22.11.1945'.

---

water pipes and drains, electricity cables, the "whole works" as the lieutenant called it, everything had to be dismantled.'[127] This practice seemed to confirm the German stereotype of the barbarian, destructive, and stupid Russian enemy. The population saw little distinction between dismantling and plain demolition. Sticking to the timetable and loading the necessary weights appeared more important than the condition of the goods obtained, and much was broken.

The Soviet Health Department was directly caught between the priority to collect German research, drugs, and goods on the one hand, and stabilizing the public health situation on the other. The resulting tension was a recurrent subject in the health reports submitted by Kuznetsov and his staff. A December 1945 report on the public health conditions in Saxony illustrated at length that, here, in 'the richest province in the whole of the Soviet occupation zone of Germany', all important industries could be found. The area was 'the base for the provision with goods, both for the maintenance of the occupation forces and also for the delivery of goods to the Soviet Union by way of reparations'.[128]

Kuznetsov regularly compiled lists of what had been dismantled and studied under his department's supervision, and listed the wagonloads of medical equipment and drugs which had already been sent back to the Soviet Union.[129] In February 1946, he wrote to Zhukov that under the newly designed production plan for German medical industries 'it has been envisaged that medicines and instruments worth approx. 30 Million marks should be produced for delivery to the [Soviet] Union and for covering the needs of the occupation forces'. The SMAG Health Department had worked out a plan of reparations, Kuznetsov went on: particularly those items which were 'in greatest deficit in the USSR—ascorbic acid, bromine and x-ray tubes, etc.' were to be delivered to the Soviet Union.[130] Medical institutes and university clinics were also to be dismantled. 'In connection with the excessive surplus of medical faculties in the Soviet Zone', Kuznetsov said, 'the decision was taken not to continue the medical faculty in Rostock, and instead to send its equipment to the Soviet Union so as to allow for the re-establishment of the Stalingrad medical institute. Following a government decision, a group of professors from the Stalingrad medical institute are currently visiting the zone. They are engaged in the selection of equipment for their institute.'[131]

The harsh reality of reparations resulted in German protests, but this was not simply a conflict between Germans and Russians. The reparation teams were also resented by many military government officials for disrupting the smooth running of the zone, and there were considerable tensions within the Soviet military and

---

[127] Plievier, *Berlin*, 243.

[128] Z47F, 7317/57/11, monthly report for Nov. 1945 from SMA Saxony health department, 19 Dec. 1945.

[129] On collecting scientific findings, see BAB, Z47F, 7317/56/21, correspondence about the Soviet investigations of the bacteriological laboratories in the Soviet zone. Also Z47F, 7317/56/21, Sokolov to Smirnov, 8 Dec. 1945. Z47F, 7317/56/21, letter and report from Col. Lebediv and Major Kiktjenka to Deputy Commander of the Department of Internal Affairs of the SMAG (Colonel Lapjenkov), 5 Oct. 1945.

[130] Z47F, 7317/56/23, report from Kuznetsov to Zhukov, 7 Feb. 1946.

[131] Z47F, 7317/56/23, Kuznetsov to Zhukov, 7 Feb. 1946.

between the authorities responsible for extracting reparations and those responsible for relations with the Germans.[132] The ruthless policy of removing as much material as possible, and as quickly as possible, it was regularly argued, would cause economic chaos and political uprisings, and undermine the Soviet ability to administer the zone, not to mention their reputation. Kuznetsov's Health Department was caught between conflicting Soviet agendas. While obeying reparations policy, health officers argued that, given the prevalent concerns about epidemics, German medical industry would have to produce significant amounts of vaccines and drugs for German consumption, or else imports were going to be necessary. This seems to have had some success, even before Soviet economic policy was altered more dramatically in 1947. A newspaper article in October 1945 reported that because of the dire need for vaccines, a series of medical factories were being restarted in the zone. Zhukov also ordered that German health offices were to be given vaccines from the Red Army stores, and one store had already handed over 3,000 litres of typhus vaccine to the Berlin authorities.[133]

Many Germans justified their hatred of Soviet rule by pointing to the evident randomness of their appropriations and their lack of interest in the plight of the German population. Doctors and health officers, in particular, complained about how Soviet commanders had taken their cars, petrol, or clinical equipment. How could they, as agreed, build a new medical institute, one letter from the ZVG stated, if the commander in Saxony had confiscated their 3,000 tons of cement? Their building officials had told them that they could do nothing until the cement was released. This case was only resolved when Maxim Zetkin met the Soviet authorities in person and obtained the release of the building materials.[134] At a meeting of German health officers in November 1945, Professor Walter from the Mecklenburg health office reported that it was crucial to the fight against tuberculosis that the population was screened by X-ray examinations, but '[i]n Mecklenburg, the majority of sanatoria have been seized by the Red Army, and we are temporarily defenceless against that'.[135] Among individual doctors, the confiscation of their cars and petrol were fiercely resented. One example of many is Dr Bendixen's complaint that his car had been taken, even though he presented the Soviet officer with his special licence. After much pleading, it had eventually been returned, but with differently sized tyres so that he could still not use it.[136]

Complaints from the social democrat and communist health officials stemmed particularly from their disappointment with Soviet policy. Their own political work was made so much harder, they argued, and their credibility reduced, because the Soviet authorities not only did not seem interested in building socialism in Germany, but actually hindered their own efforts in this respect. Max Klesse, a

---

[132] Naimark, *The Russians in Germany*, 26.

[133] BAB, DQ1/1524, 'Straffe Organisation des Gesundheitsschutzes: unfassende Vorbeugungs-maßnahmen der Sowjetischen Militärverwaltung', *Der Morgen*, 31 Oct. 1945.

[134] BAB, DQ1/1612, DZG to Colonel Sokolov, 23 Aug. 1946.

[135] BAB, DQ1/1338, '3.Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter in der sowjetischen Besatzungszone, 10.11.45'.

[136] BAB, DQ1/92, Dr med. H. Bendixen to Provinzialgesundheitsamt Halle, 27 Oct. 1946.

social democrat who worked in the ZVG, argued that '[a]t least we Marxists know so well that the necessary re-education of the German people is no purely ideological or pedagogical matter, but depends on us antifascists having to win the confidence of the masses through stable prices, wages, and work conditions. If the German people fell for Hitler, it was not least because with the help of rearmament, control of money and capital markets he managed to take care of the lives of the little man.' The supply questions would have to be solved urgently, Klesse argued, as so many communists and socialists had taken up positions in the administrations, public opinion would blame any failures on the Left. It was especially counterproductive, 'if the population sees how entire factories such as the local DIWAG are being "relocated", and patients will start to die in the foreseeable future because they have no insulin and liver medications'.[137]

A few weeks later, Klesse again vented his anger over the nature of Soviet rule. Soviet commanders abused their power, he wrote, and their 'objective incompetence' and 'lack of any sense of responsibility', combined with the fact that so many in the Red Army were stealing or simply taking what they wanted, were very counterproductive. He was fed up with the indifference shown by many of the Soviet administrators, he declared, as well as their 'stinking laziness, complacency, and rudeness, especially by the lowest ranks of officials and translators and other liaison personnel of the Red Army, who often treat Germans like dirt or simply ignore them altogether'. As an urgent measure, 'the dishonest, the incompetent, the lazy, the irresponsible, and the other kinds of parasites' must be removed from service in Germany. But 'one of the gravest aspects' of the current situation, in Klesse's view, was 'the very scant consideration of the Soviet Union for the positions of the Left in Germany'. Overall, 'the destruction of the German industrial basis weakens the proletariat and the entire Left, the expulsion of the eastern Germans by the Poles threatens the food supply, and the removal of German locomotives and railways puts at risk any potential imports'. All this would prevent any real change in German society. 'The result must be to stir up nationalism again,' he wrote, 'because actual existence determines consciousness: hunger, cold, disease, and epidemics will not be blamed by the masses on Hitler, but shoved onto the Soviets and the German Left, unless some significant changes will take place shortly.'[138]

These disputes were undoubtedly intense and bitter: there were regular Soviet complaints about the German authorities' lack of drive and initiative, and the counteracting German ideas of betterment of the indigenous population. There was little room for reconciling these positions. In February 1946, Kuznetsov grumbled that the 'newly created apparatus of the central German health administration still needs systematic help and leadership because of its lack of suitable administrative experience. This help is given to it by the Health Department of the Soviet Military Administration.'[139] Similarly, Soviet officials in the regional military

---

[137] BAB, DQ1/1634, Max Klesse to Walter Ulbricht, 22 May 1945.
[138] BAB, DQ1/1634, memorandum by Max Klesse, 1 July 1945.
[139] BAB, Z47F, 7317/56/23, report from Kuznetsov to Zhukov, 14 Feb. 1946.

government offices sometimes insisted on doing even the most trivial tasks themselves.[140] In July 1949, one leading SMAG officer declared that the German central administrations had only produced a lot of paper, and left 90 per cent of the work to the SMAG.[141]

But in contrast to the British zone, and more quickly than in the American, the slogan of 'indirect rule' characterized the Soviet control of the German administrations throughout the occupation years—at least in aspiration, if not quite in reality. Responsibility for public health work rested on the German authorities from the start, and Soviet–German confrontations were not accompanied by a Soviet rejection of German legitimacy or ability to do this work. Rather, these tensions have to be understood as attempts by the Soviet officers to make their own jobs more important. Soviet health work across the zone consisted primarily in the distribution of orders (which they had been given by the central SMAG Health Department in Berlin) to the German officers in their region, and in the initiation of surveys and inventories.[142] Soviet officers could then do little more than 'suggest' to the German authorities that certain things should be done. As one report stated, '[i]t has been suggested to the German self-administration of the POW camp . . . to carry out a two-week-long quarantine and to strengthen the sanitary-prophylactic work in the DP camps'.[143] They frequently complained that the German health departments nominally under their control often bypassed them entirely, which not only contradicted the logic of the occupation, but made them seem less important than their colleagues in other parts of the occupation machinery.[144]

The German medical officers, in turn, resented any interference and often simply shrugged off or ignored their occupiers' criticisms, whether about their failures in the control of VD or on other questions. Soviet complaints about the inadequacy of disease rates were typically answered by the argument that current conditions made German doctors' work impossible. At one meeting in Berlin in October 1945, Soviet health officers complained that typhus patients were taken to hospitals only days or even weeks after their infection, undermining any quarantine efforts. German doctors responded that there was nothing they could do: the refugee influxes were not being regulated by the occupiers, and resulted in huge deficiencies that hampered their work. They were overworked already, and the Soviets made demands that were impossible to fulfil. Above all, their epidemic work was limited by great shortages of food and drugs. 'If one can only give out advice

---

[140] Naimark, *The Russians in Germany*.

[141] Alexandr Fjodorovich Kabanov (Deputy to the Chief for Civil Affairs, SMAG), quoted in Foitzik in Hilger, Schmeitzner, and Vollnhals (eds), *Sowjetisierung oder Neutralität?*, 109.

[142] BAB, e.g. Z47F, 7317/56/21, Serkova (Commander of health sector of SMAG Saxony) to Kuznetsov, 21 Dec. 1945, stated that she would order the Germans to send information on how the German hospitals were organized, run, and managed.

[143] BAB, Z47F, 7317/57/11, monthly report for Nov. 1945 from SMA Saxony Health Department, 19 Dec. 1945.

[144] In the files, a regular pattern was that the German provincial authorities contacted the ZVG with queries or demands; the ZVG then went to the Soviet authorities in Berlin, who in turn sent directives to their regional Soviet officers, e.g. BAB, DQ1/182, 'Protokoll der Tagung der Personalreferenten der LGA am 21.12.1946'. Also see Ernst, *'Die beste Prophylaxe'*.

---

instead of food and vitamins', Dr Emanuel noted, 'this merely arouses the population's distrust'.[145] On another occasion, German health officers argued that as hard as they tried, they were slowed by the fact that 'organizational issues had not been solved (such as the refusal to grant petrol, the steeling of our cars and bicycles, and so on)'. 'Incidentally', they noted, 'the local Russian commanders were only rarely sticking to the orders they had received from the Soviet administration.'[146]

Despite these quarrels, the fact that the weight of administration rested on the German officials was beyond doubt. The data and findings from the German health officials were regularly incorporated into Soviet reports without amendment, often even without identification. Sometimes even data about Soviet troops were taken from the German authorities. 'Why do you use data about Soviet military personnel VD infection rates from the German health authorities?', one commander queried—not unreasonably, since Soviet personnel were not allowed to be treated by German doctors.[147] On questions which did not directly impact on Soviet troops, the German health authorities were generally left in charge of their own work and designed their own policies. Even in disputes between different German authorities the Soviet authorities rarely got involved. The Soviet personnel shortages had dictated that German authorities be used consistently and from the start, and this was reinforced by the availability of reliable Germans who could carry out this work.

The Soviet authorities relied heavily on preparations by German émigrés, and used them to supplement their own directives. Although they gave no guarantees that the émigrés' instructions were going to be considered and acted upon, the usefulness of these preparations struck many Soviet commanders in charge of new territories, and many of the recommendations were implemented. It was precisely this level of intermediaries between the occupiers and the occupied (both the émigré communists themselves, and the trusted persons appointed by them) that was missing from the British and American preparations. As a result, the Soviet authorities came equipped with some instructions, even though they had not prepared themselves in any detail for the handling of many specific occupation tasks. Neither emergency public health nor the longer-term reorganization of the German health service featured in their preparations, but they could nonetheless begin public health tasks quickly by drawing upon the German communists' and Anglo-American authorities' insights.

However, most of the potential benefits of the SMAG's early and consistent policy to operate public health work through the German health officers were cancelled out by the significantly worse material starting conditions, which were exacerbated by the Soviet dismantling programme, the behaviour of Soviet troops. and the policy to let their troops live off the income, produce, and production of

---

[145] LAB, B Rep. 'Bericht über die Dienstbesprechung am Donnerstag', 4 Oct. 1945.

[146] BAB, DQ1/1338, 'Bespechungsniederschrift über die Sitzung der Leiter aller Provinzial- u. Landesgesundheitsämter der sowjetischen Okkupationszone in der Zentralverwaltung für das Gesundheitswesen am 2.Oktober 1945', 11.

[147] BAB, Z47F, 7317/56/21, Sokolov (SMAG health department) to Koslenkov (Commander of health of the province of Saxony), 26 Dec. 1945.

the zone. By the autumn of 1947, Andrei Zhdanov and his supporters in SMAG, who favoured an approach which prioritized Soviet political over economic intervention in Germany, seemed to be winning the argument[148]—but by that time it was too late. The announcement (in June 1947) and arrival (from mid-1948) of Marshall aid to the western zones, but not to the Soviet zone, cemented and widened the material and political divisions between the East and the West of Germany.

[148] Tjulpanow, *Deutschland nach dem Kriege*.

8

The Forgotten Zone: Public Health Work in the French Occupation Zone

PLANS

By spring 1945, it was clear that all the different French political factions wanted to be represented in the occupation. Among them, very few voices called for reconciliation with the defeated enemy. After France's liberation, nationalist slogans were used across the political spectrum, including the ever-popular 'Le Boche payera'—familiar to French and Germans alike from the demands for reparations at Versailles in 1919.[1] Within the body which coordinated the French Resistance and oversaw its work, the National Resistance Council (Conseil National de la Résistance, CNR), there were different visions of France's future tasks in Germany and beyond. What separated, and united, these different approaches had huge implications for public health work in the French occupation project.

One of the most influential French analysts of the German problem was the Sorbonne historian Edmond Vermeil. His work had a number of implications for French occupation plans: Germany would continue to strive for domination, he predicted, unless permanently prevented by force, and so the occupation had to be a long-term project. A distinction between the Nazi leadership and the wider population was meaningless, since reform could not be achieved just by the removal of leaders; it would have to change deeply rooted traditions, institutions, habits of thought and sentiments. The 'essential task in the political constitution of post-war Germany', Vermeil advised, had to be to ' "de-Prussianize" the country, transferring its political centre of gravity from the North-east to the South-west', now under French (and American) occupation. This solution was not only to neutralize Prussia and its intellectual and military heritage from German life (and, incidentally, boost the importance of France), but also had 'the advantage of placing the

---

[1] 'The Germans will pay'. In 1919 the slogan had been 'Le boche payera tout' ('the Germans will pay all'). See Gerd Krumeich, 'Vergleichende Aspekte der Kriegsschulddebatte nach dem ersten Weltkrieg', in Wolfgang Michalka (ed.), *Der Erste Weltkrieg: Wirkung, Wahrnehmung, Analyse* (Weyarn, 1997), 919. The slogan's English counterpart, 'We will squeeze the orange until the pips squeak' (often attributed to Lloyd George) was coined by Eric Geddes, a British Conservative politician, see Alfred F. Havighurst, *Britain in Transition: The Twentieth Century* (1962; Chicago, 4th edn. 1985), 148. Harold Nicolson, *Peacemaking, 1919* (1933; London, new edn. 1945), 14. Charles Callan Tansill, 'The United States and the Road to War in Europe', in Harry Elmer Barnes (ed.), *Perpetual War for Perpetual Peace: A Critical Examination of the Foreign Policy of Franklin Delano Roosevelt and Its Aftermath* (Caldwell, Ida., 1953).

new centre of gravity in the neighbourhood of, if not under the direct control of or in close dependence on, the United Western Nations'.[2]

France's occupation project combined reforms within Germany with a reshaping of the political map of Europe. Future peace and security, Vermeil insisted, depended on whether Germany was firmly tied into (Western) Europe. 'The Western democracies' had to counter Nazism through the creation of a Europe 'at once diverse and united, between the Atlantic eventually dominated by the United States and a Russia at full tide'. The Continent must be reshaped 'under some constitution conformable to the interests of our civilisation, [as the] offspring of Western humanism', where a regenerated Germany could 'find herself a niche'. It should be a 'Europe regenerated by Germany's own regeneration and by the establishment of normal relations between Germany and the Continental countries surrounding her, between the Continent and Great Britain, and between the British Empire and the French'.[3] To this end it was crucial that the Western Allies created a firm and durable union themselves. '[I]n short', as A. L. Rowse put it in a review of Vermeil, the problem of Germany was 'the problem of Europe'.[4]

Charles de Gaulle also saw clear and long-standing continuities in the history and psychology of Germany, to whom France had fallen victim three times. But where Vermeil argued that cutting up Germany into states or regions would reintroduce fragmentation and 'fatal pluralism', which had given rise to Germany's 'morbid nationalism' in the first place, de Gaulle insisted that only decentralization would teach the Germans a lesson and ensure future French security.[5] Defeat and temporary exhaustion of Germany were not a sufficient guarantee. The 'first condition necessary to prevent Germany from returning to its bad ways', he thought, was the 'abolition of a centralised Reich'. He explained:

> if each of the states within the German federation could exist by itself, govern itself in its own way, handle its own interests, there would be every likelihood that the federation as a whole would not be led to subjugate its neighbors. This would be even more likely if the Ruhr, that arsenal of strategic materiel, were given a special status under international control. Further, the Rhineland would, of course, be occupied by French, British, Belgian and Dutch armies…Lastly, there was every reason to suppose that the Saar, retaining its German character, would be transformed into a separate state and united to France by trade agreements which would settle the question of our reparations in terms of coal. Thus the German federation, recovering its diversity and turning its eyes toward the west, would lose the means of war but not those of its own development. In addition, none of its fragments would be annexed by the French, thus leaving the door to reconciliation open.[6]

---

[2] Edmond Vermeil, *Germany's Three Reichs: Their History and Culture*, trans. E. W. Dickes (London, 1944), 409. This is a reissued and translated version of Vermeil's *L'Allemagne: Essai d'explication* (Paris, 1940) which was first published just months before France's defeat and then seized and banned by the German occupation authorities.

[3] Vermeil, *Germany's Three Reichs*, 407.

[4] A. L. Rowse, 'What Is Wrong with the Germans?' (1937); repr. in Rowse, *The End of an Epoch* (London, 1947), 181–92.

[5] Vermeil, *Germany's Three Reichs*, 408–9.

[6] Charles de Gaulle, *The Complete War Memoirs of Charles de Gaulle* (1954–9; London, 1998), 720–1.

He supported a return to some of the pillars of French foreign policy after 1919: the assumptions that Saar coal and Ruhr industrial resources should be used to rebuild and expand France's economy; Prussia should be dismantled; the Rhineland should be removed from Germany and put under French control; and the area around the Ruhr should be placed under international control. Georges Bidault—president of the CNR, and co-founder of the French Christian Democratic Party (Mouvement Républicain Populaire, MRP), and foreign minister after 1944—helped to put these priorities into practice,[7] as did General Pierre Koenig, French commander-in-chief, military governor, representative on the Allied Control Council (ACC) in Berlin and a close ally of de Gaulle.

Socialist groups shared some of these ideas, but they placed greater emphasis on the reform and reintegration of Germany into a wider European framework. They were also less vocal about the desirability of revenge. A number of French socialists argued for *balance*: neither 'generous but facile indulgence' of the Germans, nor retribution of a kind that would 'thrust them back into a past that has for ever vanished', was in France's long-term interests.[8] One advocate of rehabilitation, not retribution, was the veteran socialist politician and former (and future) French prime minister, Léon Blum. He had survived three years in a succession of Vichy prisons, and two years in Buchenwald and Dachau, before being rescued by American troops, days before the end of the war, and returned to Paris.[9] Even while a prisoner in Buchenwald he rejected collective responsibility and, unlike Vermeil, insisted on the need to distinguish between German leaders and the population they had led.[10] His and his family's fate (his son was an imprisoned army officer and his brother died in Auschwitz), and his stature as one of the few French leaders untarnished by association with the Vichy regime,[11] gave him particular authority.

Blum helped to write the French Socialist Party's (Section Française de l'Internationale Ouvrière, SFIO) first post-war statement on Germany. It said that the country had to be occupied and disarmed, its industry internationally controlled, its landed property divided up, its war criminals punished, and its education system transformed. But there was hope that 'one day the German democratic elements and the working classes will themselves create a humane and pacific German nation'. The party wanted 'to call the attention of the country to the dangers of nationalist revenge which asks for the dismemberment of Germany and the annexation of specifically German territory'.[12] Instead of

---

[7] Jürgen Klöckler, *Abendland—Alpenland—Alemannien: Frankreich und die Neugliederungsdiskussion in Südwestdeutschland 1945–1947* (Oldenbourg, 1998), 52 ff.

[8] Vermeil, *Germany's Three Reichs*, 409. Robert Verdier and Pierre Guidoni (eds.), *Les Socialistes en Résistance, 1940–1944: Combats et débats* (Paris, 1999).

[9] Johannes Glasneck, *Léon Blum: Republikaner und Sozialist* (Frankfurt, 2003). Louise Elliott Dalby, *Léon Blum: Evolution of a Socialist* (New York, 1963).

[10] Léon Blum, 'Aprés un bombardement du camp, Juin 1944', in 'Notes d'Allemagne', repr. in *L'Œuvre de Léon Blum: Mémoires; La Prison et le procès; A l'échelle humaine; 1940–1945* (Paris, 1955), 513.

[11] Blum was one of the 'Vichy 80', a group of French parliamentarians who on 10 July 1940 voted against the constitutional amendment that dissolved the Third Republic and established the Vichy administration under Marshall Philippe Pétain. He was arrested and charged with treason at the Riom Trial.

[12] *Le Populaire*, 16 Aug. 1945, quoted in Dalby, *Léon Blum*, 374.

---

annexation, they proposed an international administration of the Ruhr and the Rhineland by the Big Four, until the United Nations could appoint a permanent body. Industrial profits would fund the reconstruction of those countries devastated by occupation and war, and a small portion would be used for Germany to meet its basic needs, so the Allies would not have to pay. Using continued German production, they argued, was a more effective and viable alternative to proposals such as the Morgenthau Plan, which called for radical deindustrialization.[13]

Germany would have to be 'detoxified' and reformed, and permanently integrated into a new, stable European framework (by force if necessary), rigorous enough to prevent any future German war. European federalism was 'the beginning of hope and an instrument of peace', and essential to French security. 'We must make Europe,' Blum wrote; 'We must make it with Germany and not for her.'[14] For this project, French domestic policy had to be joined up with its foreign policy: French reconstruction had to be proceed together with that of Germany; social and economic reforms in France had to be matched by similar reforms in the occupation zones and elsewhere to build the basis for a socialist European federation which could readmit Germany into the community of nations. The emphasis on Europe also featured in proposals put forward by politicians such as the radical René Mayer, a future president of the European Coal and Steel Community. Mayer argued that French economic needs and collective security could best be guaranteed in the context of a new European federation.[15]

The French Left had no monopoly on plans for a reorganization of Europe, but by 1945 it had shaped these discussions to a significant degree. After their split with de Gaulle, the Christian Democrats provided some guiding ideas for European integration, and were to eventually put may of them into practice.[16] But in 1945, still led by de Gaulle, many on the anti-Vichy French Right—among them the future architects of Western European integration, Jean Monnet and Robert Schuman—still focused on France's place in the world without giving much thought to the wider European framework. In their plans the occupation of Germany was above all a means for French reconstruction.[17] This was a crucial difference in the frantic months after the war when occupation policy was being formulated. Where de Gaulle and his allies thought about Europe-wide mechanisms to enable France to control and exploit Germany's economic potential, many socialists and radicals focused on a reform and re-education of Germany as part of

---

[13] *Le Populaire*, 21–2 and 28 June 1946, both quoted in Dalby, *Léon Blum* , 374–5.

[14] *Le Populaire*, 25 Mar. 1946, in Dalby, *Léon Blum*, 377.

[15] In 1951–2 he served as deputy prime minister of France, and in 1953 briefly as prime minister. Between 1955 and 1958 Mayer was president of the High Authority of the European Coal and Steel Community. Contrast with Carlo Schmid's vision of Europe: Petra Weber, 'Guter Patriot und guter Europäer—das Europa Carlo Schmids', in Volker Depkat and Piero Graglia (eds.), *Entscheidung für Europa—Decidere l'Europa: Erfahrung, Zeitgeist und politische Herausforderungen am Beginn der europäischen Integration* (Berlin, 2010), 243–62.

[16] Wolfram Kaiser, *Christian Democracy and the Origins of the European Union* (Cambridge, 2007).

[17] Alan Milward, *The European Rescue of the Nation-State* (2nd edn. London, 2000), 335.

---

a wider European solution. Only during Robert Schuman's time as prime minister in 1947–8, in discussions with and under pressure from the Americans, did European integration become the policy of the leading faction of the French Right, which reflected a realization that the national plan for unilateral reconstruction had failed.[18] But that is jumping ahead of the story.

In 1945, the first of the two main strands of thought in the French military government was the conservative, militarist approach of de Gaulle, incorporating aspects of Vermeil's assessments of the German character, and led on the ground by by Pierre-Marie Koenig. The second, more socialist position, drawing on different components of Vermeil's conclusions, was led in the zone by Émile Laffon. A lawyer and engineer by training, Laffon was a rising star of the FFI and the Resistance. He had been a captain in the Free French Air Force, and from June 1943 until 1944 commissioner of the interior in Algiers. Later as a representative of the French Committee of National Liberation (Comité Français de Libération Nationale, CFLN, which became the provisional government after the Normandy landings), Laffon oversaw the organization of the Resistance.[19] He was regularly parachuted into occupied France as a liaison between London and France.[20] In April 1944 he became commissioner in charge of civil affairs, and four months later, on the day of the liberation of Paris, took office as secretary general of the Ministry of the Interior. A year later he was appointed *administrateur général* in Germany, the highest civilian job in the French occupation. Like Vermeil and Blum, he opposed a dismemberment of Germany and annexation of German territory by France. Instead, he argued that a systematic development of the zone's economy in its entirety was preferable to annexing the Saar, Ruhr, and Rhineland. Laffon was not a member of the Socialist Party, but his position was close to that of leading socialists, and he filled his staff in Baden-Baden with young members from the Resistance, many of whom were socialists.[21] Many of his staff shared a missionary mindset, and saw the occupation as a vehicle for wider reforms, and France as a role model for the entire continent. A new beginning, they argued, could only be achieved in cooperation with the Germans.[22]

The frequent clashes between Koenig and Laffon exemplified very different approaches to the occupation. They partly stemmed from the fact that France was in upheaval in a way that the other occupiers were not. Both the United States and Britain saw changes of government at the end of the war (Roosevelt died in April, and Churchill lost the general election in July)—and this change of Anglo-American

---

[18] Milward, *European Rescue*, 325 ff. Kaiser, *Christian Democracy*, 3.

[19] The CFLN was formed on 3 June 1943 under the leadership of Charles de Gaulle and Henri Giraud to coordinate the campaign to liberate France; from Nov. onwards it was run by de Gaulle alone. It provided the seeds of the later Provisional Government of the French Republic, under de Gaulle's premiership.

[20] Alain Lattard, 'Zielkonflikte französischer Besatzungspolitik in Deutschland: Der Streit Laffon-Koenig, 1945–1947', *Vierteljahreshefte für Zeitgeschichte*, 39/1 (Jan. 1991), 1–35, at 7.

[21] Lattard, 'Zielkonflikte', 7. Robert Aron, *Histoire de la Libération de la France* (Paris, 1959). Charles-Louis Foulon, *Le Pouvoir en province à la Libération* (Paris, 1975).

[22] On Laffon, see 'Zaunkönig in der Ente: Schlußstrich unter die Erbfeindschaft', *Der Spiegel*, 32/1949, 4 Aug. 1949, 5. Lattard, 'Zielkonflikte'. Klöckler, *Abendland*.

leaders was held responsible for Stalin obtaining a number of Soviet demands in the face of American or British opposition. The Fourth French Republic saw twenty-six governments come and go between 1944 and 1958.[23] Even if there was considerable continuity in the 'French thesis' on Germany,[24] the changing governments represented significant fissures within the French political establishment, which slowed and hampered preparations for the occupation.

Many battles were fought in the French press, which eagerly reported the faults and shortcomings of the occupation. Left-wing groups attacked the army, and later the French military government in Germany, for having too few members of the Resistance, and for harming French interests with pro-German or pro-Vichy policies. An accusation aired repeatedly was that the French occupation army was a refuge for collaborators avoiding punishment at home. The communists claimed that Vichyites had created a 'Little Vichy' in Germany, a claim in fact confirmed when a Commission of Inquiry in April 1946 found that thirteen of the zone's highest officials were implicated in the Vichy regime, and recommended their dismissal.[25] Even before the occupation began, clashes between different factions—Gaullists and socialists, doves and hawks, military and civilians, pro- and anti-Americans—mirrored those taking place in the Paris ministries and across France, and frequently limited any one group's room for manoeuvre. Hardly any of these proclamations made any direct reference to public health provisions among the occupied population. But these fault lines shaped the possibilities for public health work, and often became visible only when the French teams encountered their first health panics in the zone.

The French occupation of Germany had a difficult set of starting conditions. Political divisions were exacerbated by the institutional chaos. In Paris the acronym-littered landscape was initially dominated by the Interministerial Committee for German and Austrian Affairs (Comité Interministériel des Affaires Allemandes et Autrichiennes, CIAAA), which began to prepare and issue directives shortly after its creation in July 1944. Its General Secretariat (Sécretariat Général aux Affaires Allemandes et Autrichiennes, SGAAA) consisted of representatives from six different ministries, who attempted to coordinate their different interests and those of commanders in Germany and Austria. This authority for the occupied territories was reformed, renamed, and repopulated several times over subsequent months. Less than a year into the occupation, the CIAAA was expanded by two further ministries and became the Commissariat for German and Austrian Affairs (Commissariat Général aux Affaires Allemandes et Autrichiennes, CGAAA), headed by René Mayer, before being dissolved after the departure of de Gaulle from the political scene in March 1946. Other, generally short-lived offices appeared in its place, such as the State Secretariat for German and Austrian Affairs (Sécrétariat d'État aux Affaires Allemandes et Autrichiennes, SEAAA), created in

---

[23] Robert Gildea, *France Since 1945* (Oxford, 2002), 41.
[24] F. Roy Willis, *The French in Germany, 1945–1949* (Stanford, Calif., 1962), 45–6. Also see Willis, *France, Germany and the New Europe*, 15 f.
[25] Willis, *France, Germany and the New Europe*, 35.

November 1947, but already dissolved by summer 1948.[26] These bodies were a fertile environment for power struggles and competition.

France had a zone that made little structural, political, or economic sense. The French occupation territory was created out of areas formerly allocated to the British and American zones. The Americans retained key cities such as Stuttgart, and key infrastructures such as the motorway between Karlsruhe, Stuttgart, and Munich. The French area contained several *Länder* whose capitals were outside the zone (Karlsruhe in Baden, Stuttgart in Württemberg, and Cologne in the Rhineland). Only one city, Ludwigshafen, had more than 100,000 inhabitants. Despite being the most rural zone, it was far from self-sufficient.[27] French leaders, aware of these shortcomings, periodically attempted to revise the boundaries. In March 1945, de Gaulle urged his commanders to trump the Americans by arriving first in the south-western territories. Successful in the ensuing race, de Gaulle then refused to hand over Stuttgart to the Americans. This battle ended in a political debacle: French troops were forced to clear out of the city, and French–American relations barely had time to recover before discussions in the ACC caused more serious and permanent disagreements.

The French authorities also had a serious time problem. General de Lattre de Tassigny and the First French Army crossed the Rhine only seven months after the liberation of Paris. One of the few guides available to French personnel was the SHAEF *Handbook for Military Government in Germany*—but only in English, until a French translation was published in March 1945.[28] Concrete *French* directives on occupation policy only appeared months after they had begun their occupation duties: the CIAAA issued its first instructions to General Koenig in late July 1945. These stated that the primary aim of the occupation was security, to be achieved through a three-pronged approach—control of the German economy, decentralization of political structures, and lasting democratization and denazification of German cultural life.[29]

---

[26] Klöckler, *Abendland*, 50 ff. On Mayer's work, Raymond Poidevin, 'René Mayer et la politique extérieure de la France', *Revue d'histoire de la deuxième guerre mondiale et des conflits contemporains*, 134 (1984), 73–97.

[27] Foundation for Foreign Affairs, *Field Report on the French Zone in Germany* (Washington DC, 1946), 5. On the EAC's decision to divide Baden and Württemberg along the Karlsruhe–Munich autobahn, Philip Mosely, 'The Occupation of Germany', *Foreign Affairs* (July 1950).

[28] A French translation was completed by Dec. 1944, published in Mar. 1945 as *A.M.F.A. Mémento pour les officiers de détachements de gouvernment militaire*. Jérôme Vaillant, 'Bedeutung und Ausmaß des französischen Einflusses auf die kulturelle Entwicklung im Nachkriegsdeutschland', in Vaillant (ed.), *Französische Kulturpolitik in Deutschland, 1945–1949: Berichte und Dokumente* (Konstanz, 1984), 11; 1st pub. as Vaillant (ed.), *La Dénazification par les vainqueurs: La Politique culturelle des occupants en Allemagne 1945–1949* (Lille, 1981). Reinhard Grohnert, *Die Entnazifizierung in Baden 1945–1949: Konzeptionen und Praxis der 'Epuration' am Beispiel eines Landes der französischen Besatzungszone* (Stuttgart, 1991), 13. COL AC 836, Enemy Branch, Foreign Office and Ministry of Warfare, London, 'Germany Basic Handbook', Aug. 1944.

[29] 'Note sur le problème allemand' (19 July 1945), 'Directives pour notre action en Allemagne' (19 July 1945) and 'Compte-rendu de la séance du comité interministériel' (20 July 1947), all in Alain Lattard, *Gewerkschaften und Arbeitgeber in Rheinland-Pfalz unter französischer Besatzung, 1945–1949* (Mainz, 1988).

Not only did these instructions come very late, they also contained significant ambiguities. In part to preserve French leaders' room for manoeuvre (and therefore leaving many issues untouched), they failed to resolve or even identify some fundamental contradictions: French economic priorities favoured a unified administration of Germany, but French political and security strategies favoured decentralization, if not dismemberment.[30] Different military government departments found themselves pitted against each other, and many officers were unbriefed or bewildered. Henri Humblot remembered that he had taken courses with the French military administration, but, before coming to Germany in 1945 as a young communist and an *agrégé d'allemand* fresh from university, he had no administrative experience, no instructions or guidelines, and no idea about his new responsibilities as an officer in charge of re-education and sport.[31]

French troops therefore drew heavily on SHAEF's guides, particularly in specialist or technical fields. Denazification instructions matched those issued in the other zones: the priority was to arrest war criminals and NSDAP functionaries, on the basis of existing lists. All active Nazis were to be removed from public office and to be replaced with acceptable German appointments. If no tolerable German replacements could be found, military government would have to take on those tasks in the interim.[32] This was not quite what the French's own diagnoses of Nazism had prescribed. Taking the recommendations of Vermeil and others at their word, commentators and historians have argued that French attitudes towards denazification were more straightforward than those of the other occupiers. F. Roy Willis wrote that they were 'not hampered... by the need to distinguish between good and bad Germans, since they believed all Germans to be more or less under the influence of Nazism, and more especially of aggressive and militaristic nationalism'.[33] But although French analyses on key questions differed from those of the other occupiers, France's late start meant that it was bound—for both practical and political reasons—by Anglo-American policies, and forced to rely on SHAEF preparations.

Public health was no exception. By the time French participation was agreed, SHAEF's G5 Division had already produced guidelines on the mission, policy, timing, and general premises of public health work, which were issued unchanged to the French teams.[34] Instructions to AMFA's (Corps d'Administration Militaire

---

[30] Lattard, 'Zielkonflikte'.

[31] Henri Humblot, 'Kontrolle und Anregung der Jugendbewegungen in Süd-Würtemberg: Ein Erlebnisbericht aus den Jahren 1945 bis 1949', in Vaillant (ed.), *Französische Kulturpolitik in Deutschland, 1945–1949*. Humblot helped to establish the Internationale Bund für Sozialarbeit in 1949 in Tübingen (since 1995 known as the Internationale Bund, IB), see Philipp Maußhardt, 'Wer war Henri? Ehemalige Hitlerjungen und der Internationale Bund', *Die Zeit*, 29 Nov. 1996.

[32] Grohnert, *Die Entnazifizierung in Baden*, 13–14.

[33] Willis, *France, Germany and the New Europe*, 42.

[34] COL AB 35/1, 'Chapitre VI: Santé Publique' [undated]. Compare with 'Chapter VI: Public Health', in SHAEF, *Handbook for Military Government in Germany prior to Defeat or Surrender (incorporating revision 1–20 December 1944)* (Washington, 1944). Also see TNA, WO 219/3882, SHAEF, *Technical Manual for Public Health Officers* (prepared 22 Nov. 1944, rev. 2 Feb. 1945).

Française en Allemagne) Health Section (Section Santé) thus shared the premises of health work elsewhere.[35]

A French translation of chapter 6 of SHAEF's *Handbook for Military Government* thus explained the premises of health work in occupied Germany to AMFA's health personnel.[36] The main function of public health officers was to control infectious diseases and to prevent their spread across German borders—a task which required, it noted, functioning local health agencies. German health offices would continue to operate while active Nazis and Nazi sympathizers were removed and replaced by 'acceptable personnel'. Captured military stocks and local supplies had to be utilized to meet the urgent needs of the Allies; additional stocks would only be provided to prevent health problems from interfering with military operations, and only for the protection of UN nationals and Allied troops. But, this chapter stated, military government officers were likely to confront severe health problems among the German population. These arose directly out of problems such as the overpopulation of many cities, camps, and shelters; the destruction of the sewage system and other public health installations; the spread of infections by population movements; and widespread malnourishment, demoralization, and nervous disorders. Typhus, typhoid, diphtheria, dysentery, scarlet fever, and venereal diseases, among others, would become pressing concerns, and essential medical supplies and equipment to tackle them were likely to be in short supply.[37]

French health officers also studied the relevant excerpts from the *Civil Affairs Handbook on Germany*.[38] This, and the *Technical Manual for Public Health Officers*, could not give solutions to all the health problems they were going to encounter, explained Lieutenant General A. E. Grasett from SHAEF's G5 Division to his French staff, but they could provide starting points.[39] Other preparatory material available to AMFA's Health Section included lists of health departments in

---

[35] COL AB 35/1, 'Organisation à mission des services de la Santé Publique' [undated]. Also see the translated technical guides: 'Guide technique No. 1 sur la Santé Publique en Allemagne', 'Guide technique No. 2 de la Santé Publique en Allemagne: Bibliographie politique, administrative et professionnelle', 'Guide technique No. 3 de la Santé Publique en Allemagne: Projets d'instructions a remettre aux Amtsärzte', 'Extraits du Guide d'administration des centres de rassemblement: Personnes deplacées, réfugiés et service social', 'Directives pour la Santé Publique du Gouvernment Militaire: Extraits du "Technical Manual for Public Health Officers"', 'Organisation du 5ème Bureau de SHAEF', 'Collection des lois de la Santé Publique d'après le volume "Sammlung Deutscher Gesundheitsgesetze de Ritter-Möllens-Hallbauer"—tome II administration de la santé (Gesundheitsverwaltung)', and other guides in this file.

[36] COL AB 35/1, 'Chapitre VI: Santé Publique' [undated]. Compare with 'Chapter VI: Public Health', in SHAEF, *Handbook for Military Government*. TNA, WO 219/3882, SHAEF, *Technical Manual for Public Health Officers* (prepared on 22 Nov. 1944, rev. 2 Feb. 1945).

[37] COL AB 35/1, 'Chapitre VI: Santé Publique' [undated].

[38] The *Civil Affairs Handbook* is listed in the catalogue of the library of the GMZFO's Direction Générale des Affaires Adminstratives (DGAA), see COL AC 707/1, 'Catalogue de la bibliothèque de la Direction Générale des Affaires administratives' [undated].

[39] COL AB 34/4, Forces Expéditionnaires Alliées, Division G5, A. E. Grasett (Lieutenant General, Assistant Chief of Staff of G5, SHAEF), 'Manuel technique à l'usage des officiers de la Santé Publique du Gouvernment Militiare' [undated].

---

south-western Germany, and charts depicting the organization of the German health service. At least some of this material was prepared by the Americans, before the French zone was carved out of the American and British zones.[40]

French health teams came equipped with the same set of inconsistencies and paradoxes as their colleagues in the other zones. Public health protection was identified as a crucial element of military success, but Allied input—both of personnel and supplies—was strictly limited. Military government public health functions were to be restricted to urgent epidemic work, but at the same time health was to be recognized as 'closely interlaced with many other military functions'.[41] Conditions were likely to be poor, and could threaten Allied troops and neighbouring populations, but Germans were to shoulder the burden of health work. Conscription and casualties had reduced numbers of qualified medical personnel, but a purge of 'active Nazis, ardent Nazi sympathisers, Nazi agencies and ideologies' was deemed vitally necessary. Although the threat of epidemics demanded the centralized collection of data and coordinated anti-epidemic measures, a centralization of the health system was deemed undesirable, and the local health office (*Gesundheitsamt*) was to be the main pillar of the health administration.

The French Public Health Directorate seemed well aware of German doctors' widespread support for Nazism. Books and pamphlets by leading Nazis such as Leonardo Conti, the Third Reich's health minister (*Reichsgesundheitsführer*), and the eugenicists Eugen Fischer and Otmar von Verschuer, had been translated into French during the Vichy years.[42] The Health Directorate also collected a range of German publications on eugenics and hereditary biology, as well as reports on organizational changes in the health service since the end of the First World War.[43] A number of background studies explained that the Nazi regime had many loyal and vociferous supporters among the medical profession. A paper entitled 'The German Doctor' observed that the medical profession not only shared the characteristics of the German bourgeoisie at large which had enabled the rise of Nazism (such as strong nationalism and the 'conviction that everybody was envious of Germany and wanted to destroy it'), but many had particularly supported the Nazis' racial and eugenic ambitions.[44] Doctors had joined the NSDAP even before

---

[40] e.g. COL AB 35/1, 'List of health departments in South Germany as of 1 October 1938' [in English, undated], 'Health personnel in south Germany as of 1 January 1939' [in English, undated], and various handwritten notes in this file.

[41] COL AB 35/1, 'Chapitre VI: Santé Publique' [undated], para. 634.

[42] e.g. Karl Epping, *État et Santé* (Paris, 1942) contained chapters by Conti, Hans Reiter, Otmar von Verschuer, Eugen Fischer, and Arthur Scheunert. Otmar von Verschuer, *Manuel d'eugénique et hérédité humaine* (trans. from the German by George Montandon, Paris, 1943). On Verschuer, see Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass., 1988); Paul Weindling, '"Tales from Nuremberg": The Kaiser Wilhelm Institute for Anthropology and Allied Medical War Crimes Policy', in Doris Kaufmann (ed.), *Geschichte der Kaiser-Wilhelm-Gesellschaft im Nationalsozialismus: Bestandsaufnahme und Perspektiven der Forschung*, ii (Goettingen, 2000), 635–52; Paul Weindling, 'Weimar Eugenics: The Kaiser-Wilhelm Institute for Anthropology, Human Heredity and Eugenics in Social Context', *Annals of Science*, 42 (1985), 303–18.

[43] COL AC 707/1, 'Catalogue de la bibliothèque de la Direction Générale des Affaires administratives' [undated].

[44] COL AB 35/1, 'Le Médecin allemand' (Paris, 11 Feb. [1945]).

1933, the paper noted, and were rewarded by the restriction of non-Aryan doctors, which helped their advancement. The Nazis had 'found in the medical corps a devoted tool for the execution of all party orders'. Doctors had not protested against the treatment of the populations occupied by Germany, nor against worsening work conditions in their own country, which had 'profoundly influenced the health of the German people'. Some doctors had committed war crimes, including those who conducted medical experiments on concentration camp inmates.[45]

But although this and other reports outlined how the German health service had been changed, compromised, and damaged by Nazi ideology, it also suggested that it was not beyond redemption. Implicit in its recommendations was the belief that if the structural and ideological changes since 1933 were annulled and reversed, a sound health service could flourish once again. The Office for Public Health (Amt für Volksgesundheit) had been created as a Nazi propaganda organ to complement the work of the local health office (*Gesundheitsamt*); dissolving the former would allow the latter to resume its full responsibilities.[46] In this conclusion French health officers diverged from the analyses of Vermeil, Joseph Rovan (more about him later), and other French experts on Germany, who identified a century of continuous German militarism, expansionism, and national psychological shortcomings. AMFA's medical officers, by contrast, did not treat the health system as the latest manifestation of long-standing, harmful German traits. Rather, they thought the transformations since 1933 could be peeled back to reveal sound professional principles. This was an important distinction which caused tension with other military governments' departments—which mirrored divisions between health teams and other personnel in the other occupation zones.

French troops thus shared many of the other occupiers' problems. Tensions between military and civilian agendas, gaps between plans and realities, a need for flexibility coupled with an absence of clear instructions, and a paradoxical location of public health in the occupation programme all presented the occupiers with impossible choices. But in addition, French preparations for their occupation of Germany were also shaped by contradictions not quite shared by the other occupiers: their staffs had to rely on Anglo-American preparations even where they seemed to run counter to French analyses, interests, and policies. Moreover, the French occupation project had to accommodate contradictory directions for future French reconstruction, such as a simultaneous demand for both centralization and radical decentralization. It was not going to be an easy job.

COMPROMISES

First contacts between occupiers and occupied were full of inconsistencies. Negative first impressions, fuelled by violence, brutality, and misunderstandings, dominated contemporary accounts. French commanders, like their Soviet counterparts, found it difficult to keep their troops in check. French soldiers and

---

[45] COL AB 35/1, 'Le Médecin allemand'.   [46] COL AB 35/1, 'Le Médecin allemand'.

members of the Resistance, many of whom had suffered personally (and knew many others people who had), now 'took pleasure in seeing the Germans scatter in terror at the sight of the French army'.[47] In his 1955 history of the Vichy Regime Aron wrote that the Resistance had 'consisted not only of heroes, of acts of the highest morality, the greatest courage and purest patriotism. There existed among them disreputable people, black sheep who disfigured organisations which were based on faith and ideals.' It was clear that 'under cover of the Resistance, acts of banditry were committed. There were thefts of jewelry, public and private funds, and sometimes a paying off of old scores which had nothing whatever to do with politics.'[48] His observation also holds true for the French occupation troops.

Violence was not just the result of a breakdown of army discipline, but was occasionally encouraged by semi-official instructions or individual commanders' condoning of misconduct. As in the British and American zones, the French armies' manuals had painted a stark and unreal picture of Germans. AMFA's first information bulletin in March 1945 advised French officers to be wary of German sadomasochistic personality traits: '[E]very manifestation of strength' was 'agreeable to him [the German] in his deepest character', it warned, and urged officers not to 'forget that the German is, in his inner nature, sensitive only to force. Every manifestation of force is deeply pleasing to him.'[49] Many French soldiers discovered that this advice proved ultimately futile in the execution of their daily tasks.

French troops' relations with the German population were not helped by Jean de Lattre de Tassigny's approach to life in the zone. The area around Lake Constance, relatively unsullied by war, complemented his ambitions. His staff occupied luxurious villas, organized showy parades, and feasted on enormous banquets. He encouraged his officers to bring their families, and to set up rest camps and sanatoria for French deportees. Thousands of French children spent their summer holidays in the Black Forest.[50] He was quickly accused of ruling with all the ceremonies of an 'imperial viceroy'.[51] *Le Monde*'s military correspondent, Jean Planchais, observed that under de Lattre's rule officers 'got into the habit of enjoying a high standard of living, and on returning to the circumscribed living conditions in France itself, they felt the change more painfully and deeply for being, in their eyes, the victims

---

[47] Willis, *France, Germany and the New Europe*, 33.

[48] Robert Aron in collaboration with Georgette Elgey, *The Vichy Regime, 1940–1944* (London, 1958) (1st French edn. 1955).

[49] Mission Militaire pour les Affaires Allemandes, AMFA, *Bulletin d'information*, No. 1, Mar. 1945, 3. Also quoted in Willis, *The French in Germany*, 148, 93.

[50] Willis, *France, Germany and the New Europe*, 34. On the holiday camps, see 'In the French Zone—System secluded from the rest of Germany—a rigid economic policy', *The Times*, 20 Dec. 1946. On the sanatoria in the Black Forest, see COL AB 35/2, Docteur F. Desplats, 'Commandement en chef français en Allemage, Gouvernement Militaire de la Zone Française d'Occupation, la Direction de la Santé Publique & Aide Sociale de juillet 1945 au 30 mai 1949' [30 May 1949].

[51] Willis, *France, Germany and the New Europe*, 33. General du Souzy, 'Jean de Lattre: "Grand de France"', in Commandant Storelli et al. (eds.), *Jean de Lattre, maréchal de France: Le Soldat, l'homme, le politique* (Paris 1953), 81.

---

of ingratitude'.[52] De Lattre's approach provoked bitter resentment from local Germans and fierce criticism from French observers.

While some commanders acted out their imperial ambitions, others were more measured. In August 1945 General de Beauchesne promised Berliners in the French sector that the French would provide the population with as much aid as possible. It would maintain order and act 'in fullest fairness'. France had to remember French suffering of the previous years, he declared; they could not forget the 175,000 hostages shot on French soil, the burnt-down villages, the massacres of French citizens, or the deaths of 200,000 French deportees in concentration camps. But, he went on, France was magnanimous and sought no revenge. The French military government would only demand strict discipline and cooperation from the Germans to show that they had put a final end to Nazi crimes and methods.[53]

Similar sentiments were aired by General de Gaulle during his first visit in autumn 1945. He said that France would not seek revenge, insist on collective responsibility, or even press for severe measures. Instead, the military government's own newspaper reported, he wanted to inaugurate a different tone—new to both French and Germans—of conciliation, and to continue France's historical mission to spread enlightenment.[54] In its occupation of Germany, de Gaulle proclaimed, France would 'obey the sort of historical vocation' which it had carried in the past. Even if France had to take possession of German territory in the Ruhr—which, he explained, was a 'guarantee' for both Western European security and French reconstruction—French policy would be measured and forward-looking. German cities would require and receive French material assistance, and the French occupation would help the 'states of the Rhineland' to find their 'western spirit', and 'abandon the idea of a Germany grouped around the now destroyed Prussia, in order to turn towards the horizon, which will give them more hope towards Western Europe, and above all towards France'.[55]

These early proclamations contained indications about longer-term French aims and ambitions in Germany. Joseph Rovan, the politician, scholar, and influential expert on Germany, argued that the French now had to 'help [the Germans] to become themselves again'.[56] Rovan, a student of Vermeil's, was himself of German origin. Born in 1918 in Munich to Jews who had converted to Protestantism, he converted to Catholicism and emigrated to France in 1934. He later joined the Resistance, and the Gestapo arrested him in February 1944 and sent him to Dachau, where he befriended Edmond Michelet, future minister in de Gaulle's post-war government, whose staff he initially joined as a political adviser.[57] In a much-quoted

---

[52] Jean Planchais, 'Le Malaise de l'armée', *Tribune libre*, 16 (1958), 24, in Willis, *France, Germany and the New Europe*, 34.

[53] LAB C Rep. 101/1928, 'Verordung', 12 Aug. 1945.

[54] 'Le Voyage du Général de Gaulle en Allemagne occupée', *La Revue de la Zone Française* (GMZFO, Direction de l'Information), 1 (15 Nov. 1945), 1–11.

[55] Charles de Gaulle quoted in 'Le Voyage du Général de Gaulle en Allemagne occupée'.

[56] Rovan quoted in Matthieu Osmont, 'René Cheval (1918–1986), itinéraire d'un médiateur franco-allemand', *Relations internationales*, 2/126 (2006), 31–49, at 34. See Rovan's obituary in the *Telegraph*, 10 Aug. 2004.

[57] Joseph Rovan, *Erinnerungen eines Franzosen, der einmal Deutscher war* (Munich, 2003); 1st pub. as *Mémoires d'un Français qui se souvient d'avoir été Allemand* (Paris, 1999).

article in *L'Esprit* in October 1945, Rovan argued that France's occupation had to achieve both a renewal of, and reconciliation with, Germany. Germans had to be reacquainted with their own humanist tradition—Goethe, Kant, and Beethoven. Above all, the French had to inculcate in them something the French possessed but the Germans lacked: an appreciation of the 'dignity of man' and 'that universalism which is the vocation of the French spirit'. 'Le grande nation' had to teach others the meaning of liberty.[58] As an officer at the Directorate for Public Education at Baden-Baden, Rovan set out to shape French occupation and re-education policy in these terms. These ideas distinguished the French occupation project from the other Western Allies. Where particularly the British, and even the Americans, found it difficult to explain their longer-term purpose in Germany, beyond the activities surrounding the four Ds (demilitarization, deindustrialization, denazification, decartelization), the French, like some of the Soviets, had a clearer sense of their long-term objectives. This did not increase the popularity of France or the Soviet Union, but in both cases it removed some of the uncertainties about the purpose of the occupation.

The French occupation began to take shape in the early summer of 1945. The other three military governments were already more or less set up. General Pierre-Marie Koenig became commander-in-chief (Commandement en Chef Français en Allemagne, CCFA) in June 1945, reporting to de Gaulle in Paris. A month later French troops moved into Berlin and took up the French part of the ACC, but this office was only loosely connected to the zone and also reported directly to Paris. In August 1945, Émile Laffon became administrator of the Military Government of the French Zone of Occupation (Gouvernement Militaire de La Zone Française d'Occupation, GMZFO), and moved into the new headquarters in the town of Baden-Baden. Laffon's organization, also responsible to Paris, was divided into four directorates: administrative affairs (which included public health); economics and finance; justice and law; and public safety and security. This structure was replicated at the regional level, which involved considerable duplication and confusion about responsibilities. Regional military governments (known as *délégations supérieures*) were set up for each of the four *Länder*, with headquarters in Koblenz, Saarbrücken, Tübingen, and Freiburg, and headed by a governor (known as *délégué supérieur*). The military occupation teams continued to exist at all levels, side by side with, but independent from, the civil administration.[59]

The various local and regional military government offices and their channels of communication with headquarters were slow to emerge. Partly this reflected a lack of policy directives, which meant that officers everywhere had to improvise. When asked later about what instructions he had been given, Roger Humbert, an economist based in Berlin, just laughed.[60] Even when officers in Baden-Baden worked out more detailed guidelines and policies, they could not be sure that they actually reached the relevant local officers, let alone that the officers took any notice of them.[61]

---

[58] Joseph Rovan, 'L'Allemagne de nos mérites', *Esprit*, 13/115 (1 Oct. 1945).
[59] Foundation for Foreign Affairs, *Field Report*, 17.
[60] COL AOR 1/1a, 'Roger Humbert, Politique allemande de la France', tape of interview.
[61] Jérôme Vaillant, 'Bedeutung und Ausmaß', 11.

Partly this was also a structural problem. Joseph Rovan remembered that the French set-up was one of 'total confusion'.[62] The origins of this confusion lay directly in the push and pull of the contradictory tendencies of centralization and decentralization. French politicians sought to destroy the political unity of Germany, and opposed any centralization. But French economic interests, and the effective management of a defeated and devastated country, required centralized decision-making for the zone and coordination with the other zones. De Gaulle and his staff initially opted to follow political interests, just as the reality of administrative work in Germany supported the direct opposite. Moreover, the French occupation machinery was deliberately decentralized, just when practical problems required it to be centrally coordinated.[63]

French officials working on cultural and educational policy often welcomed the absence of control, which allowed them to develop their own initiatives, more or less free from restriction. Henri Humblot remembered that there were significant differences between the regional military governments, and a 'curious mosaic' of ideas, programmes, initiatives, and personalities within each office. Because of the lack of central instructions, occupation policy could develop from the ground upwards, and was, as a result, particularly suited to local conditions and problems.[64] But to health officers this only created more problems. Many public health measures would be effective only if applied throughout the zone. Disease data and vital statistics had to be collected centrally, and drugs and medical supplies agreed by the authorities in Paris had to be distributed on the basis of a centrally agreed formula. Like the Directorate of Economy and Finance, public health staffs complained about the reality of decentralization, which made their work so much harder.[65]

The French zone's health authorities were built as haphazardly as the rest of the military government. Delays at the beginning were caused by the First French Army's G5 Division's slow handover to the GMZFO's Public Health Directorate. Public health officers in the southern parts of the zone had begun to set up provincial authorities in spring 1945, but their efforts were nullified by the handover of Karlsruhe and Stuttgart to the Americans. Areas in the north of the zone were not fully occupied until July 1945.[66] By September 1945 the Public Health Directorate

---

[62] Rovan quoted in Lattard, 'Zielkonflikte'.

[63] Rainer Hudemann, 'Zentralismus und Dezentralisierung in der französischen Deutschland- und Besatzungspolitik 1945–1947', in Winfried Becker (ed.), *Die Kapitulierung von 1945 und der Neubeginn in Deutschland* (Cologne, 1987), 181–209. Clay observed that although France supported German dismemberment, it practised administrative centralization in its own zone, see Lattard, 'Zielkonflikte', 21. Also see the newspaper clipping and minutes in TNA, FO 371/46992, 'French Policy in Germany: Powers of Central Administration—from our own correspondent, Paris, 2 December 1945', *The Times*, 3 Dec. 1945.

[64] Henri Humblot, 'Kontrolle und Anregung der Jugendbewegungen in Süd-Würtemberg: Ein Erlebnisbericht aus den Jahren 1945 bis 1949', in Vaillant (ed.), *Französische Kulturpolitik in Deutschland, 1945–1949*.

[65] e.g. COL AB 35/3, L'Inspecteur Général Coulon (Directeur de la Santé Publique) to Monsieur le Directeur du Personnel et du Matériel et du Budget, [23 Jan. 1946].

[66] COL AB 35/2, Desplats, 'La Direction de la Santé Publique'.

---

in Baden-Baden had seventeen officers: some came from the military, but most from ASTO (Assimilés Spéciaux pour les Territoires Occupés).[67]

One of the civilian appointments was Frédéric Falkenburger. Born in Berlin in 1890, he studied medicine at the University of Strasbourg before the First World War. Afterwards he worked at a venereal disease clinic, then at a local health insurance body in Berlin, before emigrating to Paris in 1933. He was naturalized in 1937 (after a brief period in Moscow), and became 'Frédéric'. Like Joseph Rovan, who made a similar journey, he made influential contacts in Paris and later within the Resistance. He worked for the Centre National de la Recherche Scientifique (CNRS), and then as an anthropologist at the Musée de l'Homme in Paris, where his colleagues included Paul Rivet (an eminent anthropologist and the French delegate at the founding meeting of UNESCO), and Jacques Soustelle (a minister under de Gaulle, later general secretary of the Gaullist party, Rassemblement du Peuple Français (RPF), and governor general of Algeria).[68] Falkenburger was deprived of his French citizenship in 1940, arrested in 1942, and interned in Gurs in the Pyrenees. His son thought that only his medical skills saved him from deportation. He escaped, joined the Resistance, and lived illegally until the liberation of France in June 1944. It seems that he converted to Catholicism after divorcing his Jewish wife and marrying a Roman Catholic.[69]

Falkenburger offered his services to the French occupation staff, while still under the command of General Louis-Marie Koelz, and based at the Hôtel de l'Europe in Paris. An old colleague, Jacques Soustelle, just appointed minister for the colonies in de Gaulle's provisional government, recommended Falkenburger to General Koelz, who called him in for an interview. The two men noted that they had fought at the same locations during the First World War, on opposite sides. Shortly afterwards, Falkenburger received two letters: a rejection from the Hôtel de l'Europe; and personal note from General Koelz, appointing him to the rank of *médecin lieutenant-colonel* at the Health Directorate in Baden-Baden, under the command of Inspector General Charles Coulon. He worked there for four years, before becoming head of the health service of the French high commissioner in Germany.[70] Individuals' careers in the French apparatus were often shaped by personal connections and character references from influential people. Falkenburger's acceptability was helped by the fact that he had been educated in France, was bilingual, and fully naturalized. In 1946 he arranged a job for his son, Paul Falkenburger, as a public education officer in Freiburg. Later, Paul Falkenburger was General de

---

[67] COL AB 35/3, L'Inspecteur Général Coulon, feuille de renseignements—formation: Direction de la Santé Publique, 11 Sept. 1945.

[68] On Rivet, see Christine Laurière, *Paul Rivet: Le Savant et le politique* (Paris, 2008). On Soustelle, see Denis Rolland, 'Jacques Soustelle, de l'ethnologie à la politique, 1939–1943', *Revue d'histoire moderne et contemporaine*, 1 (1996), 137–50.

[69] He died in Mainz in 1965. See Joseph Walk, *Kurzbiographien zur Geschichte der Juden, 1918–1945* (Munich 1988), and Werner Röder and Herbert A. Strauss (eds.), *Biographisches Handbuch der deutschsprachigen Emigration nach 1933/International Biographical Dictionary of Central European Emigres 1933–1945*, 3 vols. (Munich and New York, 1980–3). Paul Falkenburger (with Corine Defrance), *'Ich bin ein Berliner': Berlin, Paris, Bonn—la voie d'un interprète* (Paris, 2006).

[70] Falkenburger, *'Ich bin ein Berliner'*.

Gaulle's and Georges Pompidou's interpreter at meetings with Konrad Adenauer and Helmut Kohl.[71]

The French zone had suffered considerably less war damage than the others, particularly the Soviet and British zones. An article in *The Times* observed, almost jealously, that the French had been lucky: they had a small area, largely rural, with only a handful of towns, and, by German standards, little physical destruction. In addition, only a small proportion of the great flood of German expellees from the east headed there.[72] But the French territory, too, was marred by chaos and disruption, particularly in the north. In 1952 the French economist André Piettre published a study of post-war Germany, in which he contrasted the demographic and economic conditions encountered by the four occupying powers. Citing German data, he noted that towns with more than 100,000 inhabitants, had been hit proportionately harder in the French zone: in such towns in the Soviet zone only 23 per cent, and in the British and American zones 33 per cent, of buildings, had been completely destroyed, but in the French zone it was 44 per cent. Only 11 per cent of buildings remained intact in these larger French towns, compared to 39 per cent in the Soviet zone, 21 per cent in the British, and 19 per cent in the American zone.[73] An American report agreed that the French zone's cities—Friedrichshafen, Freiburg, Saarbrucken, Koblenz, Mainz—had been destroyed to around 50 per cent.[74] The French zone had few large towns, and none comparable in size to cities such as Frankfurt and Dresden, but this still represented considerable damage to buildings, sanitary installations, and infrastructures.

French troops noticed that conditions changed radically as they crossed to the eastern bank of the Rhine. The cities near the targets of the Allied bombs were eerily empty, while undamaged towns and villages nearby overflowed with people seeking shelter. When the French authorities began to take population censuses in spring 1945, Baden-Baden contained 15,000 refugees, and Konstanz's population of 70,000 was double its normal size.[75] Many German officials had abandoned their posts. In the First French Army area, all the members of the state administration and all but a few of the *Landräte* had fled, and at least 30 per cent of mayors had disappeared.[76] This mess was not cleared up in a hurry. In the autumn of 1946 Carl Welty, an ornithologist from Indiana, led a Quaker relief team in the French zone, and thought that conditions were still dire. Coming from Luxembourg,

---

[71] Falkenburger, '*Ich bin ein Berliner*'.

[72] 'In the French Zone', *The Times*, 20 Dec. 1946.

[73] Berlin: 30% total destruction, 45% partial destruction, and 25% intact. British zone: 33% total destruction, 46% partial destruction, 21%per cent intact. American zone: 33% total destruction, 48% partial destruction, 19% intact. Soviet zone: 23% total destruction, 38% partial destruction, 39% intact. French zone: 44% total destruction, 45% partial destruction, 11% intact. André Piettre, *L'Économie allemande contemporaine (Allemagne occidentale) 1945–1952* (Paris, 1952), 67, quoting data from *Deutschland-Jahrbuch* (1949), 291. Also see Michael Balfour 'Four Power Control in Germany', in Balfour and John Mair, *Four Power Control in Germany and Austria, 1945–1946* (Oxford, 1956), 8.

[74] Foundation for Foreign Affairs, *Field Report*.

[75] First French Army, *Monthly Historical Report* (Apr. 1945), 2 and *Monthly Historical Report* (May 1945), both quoted in Joseph R. Starr, *Denazification, Occupation and Control of Germany, March-July 1945* (1950, Salisbury, 1977), 16.

[76] Starr, *Denazification*.

where '[a] genteel air of prosperity pervaded the whole place', he was immediately struck by the 'terrific contrast the minute we crossed into Germany!'[77] His first destination was the city of Koblenz (one of 'the avenues of Nazism', according to de Gaulle[78]): 'even after dark [it] turns your stomach. It is a terrific desolation of gutted architecture.' By then the main streets had been cleared of rubble, but it was rare to see 'a building damaged slightly enough that a family can live in it…People simply pile enough rocks in the windows and doors to make a wall, and then shovel the rest of the rubble inside the burned-out building.' The city looked 'so sick that one doubts its recovery', and reconstruction would be 'a monumental job, taking years and years at the present slow rate'.[79]

Towns like Koblenz were in a grim state, but the most shocking reports came from French officers in Berlin. The French sector of the city, like the zone, had been carved out of parts initially allocated to the British and Americans. Renée Bédarida, a young French women fresh out of the Resistance, worked as an ASTO officer for the ACC in Berlin. In a letter she described the 'hallucinative spectacle' of a 'city of death': 'not a street remains intact', she wrote, 'all houses are gutted, isolated façades. Women of the NSDAP collect the intact stones one by one. Passersby are used to this spectacle as if they were in a normal city. They are dirty, badly dressed, and always loaded with a sack of potatoes or a bundle of dead branches.' Berliners lived crammed in cellars or barely habitable rooms. She wrote that underground tunnels and rivers were littered with corpses, and their nauseating smell pervaded everything.[80] Roger Humbert recalled that when he arrived in Berlin in 1945 to join the French Directorate of Economy and Finance, there was nothing there. 'We had to be the government of Germany', he said, a job made all the more difficult by the problems caused by refugees and displaced persons.[81]

French health teams were as concerned about epidemics and public health disasters as those in the other zones. Given their zone's close proximity to France, these concerns were heightened when, in March 1945, the first cases of typhus were verified *west* of the Rhine. The US Army, together with SHAEF, set up a cordon sanitaire along the Rhine from the Netherlands to the Swiss border: civilians were prohibited from crossing without first submitting to an examination and DDT dusting. Those from prisons, concentration camps, refugee camps, and assembly points were 'dusted' en masse.[82] General Coulon from the Public Health Directorate urged his superiors to grant funds for an increased production of DDT and typhus vaccine, and to initiate the compulsory vaccination of all military

---

[77] Joel Carl Welty, *The Hunger Year: In the French Zone of Germany* (Beloit, Wis., 1983), 11, 17–18.

[78] 'Le Voyage du Général de Gaulle en Allemagne occupée'.

[79] Starr, *Denazification*, 16–17.

[80] Renée Bédarida, letter, 15 Oct. 1945, repr. in Renée Bédarida, 'Une française à Berlin en 1945', in Klaus Manfrass and Jean-Pierre Rioux (eds.), *France-Allemagne 1944–1947: Akten des deutsch-französischen Historikerkolloquiums, Baden-Baden, 2.-5. Dezember 1986* (Paris, 1990), 149.

[81] COL AOR 1/1a, 'Roger Humbert, Politique allemande de la France', recorded interview.

[82] Earl F. Ziemke, *The U.S. Army in the Occupation of Germany, 1944–1946* (Washington, 1990), 196.

government personnel.[83] In the end, the cordon sanitaire and accompanying measures were deemed a success. 'While we had reason to fear the outbreak of a typhus epidemic', noted a retrospective of the French Military Government's Directorate of Public Health in 1949, 'in fact, we had no epidemic of any kind. We only recorded two secondary cases [of typhus] apart from the fifty-odd cases brought into the zone by refugees from Central Europe and from other zones of Germany'; by 1946 no new typhus cases were recorded.[84] But that is jumping ahead of the story; in the months after the war the threat of a typhus epidemic was still a great concern.

French health officers were also alarmed by rising rates of venereal diseases. In August 1945, a note from General Melnotte, director of the French troops' health service, told Coulon that the problem had become urgent. The health of troops in Germany was 'gravely compromised' by sexually transmitted infections, he wrote, caused mostly by soldiers' contacts with German women. It was 'absolutely essential and urgent to impose rigorous preventive measures, even if they are brutal'.[85] Like the other occupiers, the French authorities attempted to limit venereal diseases with a battery of measures: raids on public venues, control of prostitution, compulsory examination of suspects, issuance of registration cards which declared infection, and compulsory reporting of all cases of syphilis and gonorrhoea by the local German health offices.[86] In late August 1945 Émile Laffon yielded to the Public Health Directorate's advice and authorized the compulsory hospitalization of German women who infected members of the French military.[87] Similar measures were in use in the other zones.

All in all, the French zone had a similar range of infectious diseases and public health concerns as elsewhere. First reports from Berlin's health officials to their French superiors noted an alarmingly high rate of dysentery in the French sector, particularly in the inner-city district of Wedding. The situation had been made worse because not nearly enough drugs and medical supplies were available to limit the spread. Hospitals were forced to send away all but the most acute of the infectious cases.[88] Other towns also complained about broken water and sewage pipes and other components of the sanitary infrastructure. Freiburg's centre, reduced to rubble by an RAF bombing raid in November 1944, had all the ingredients for a health crisis. When the French troops arrived, over 1,200 corpses were reported to

---

[83] COL AB 48/3, L'Inspecteur Général Coulon (Directeur de la Santé Publique, GMZFA) to Monsieur Sabatier (Directeur Général des Affaires Administratives), [summer 1945] and following draft letter to General Koenig. The price of typhus vaccine was apparently 114 francs per person, see COL AB 35/3, 'Note explicative concernant l'effectif budgetaire du Service Medical du GM' [undated].

[84] COL AB 35/2, Desplats, 'La Direction de la Santé Publique'.

[85] COL AB 47/4, Le Médecin Général Melnotte to Monsieur le Général Coulon, 6 Aug. 1945.

[86] e.g. COL AB 47/4, memorandum on 'Vénéréologie', [1946], which lists VD measures, and 'Fiche de déclaration de maladie vénérienne'. COL AB 47/4, L'Inspecteur Général Coulon, 'Note concernant la lutte contre les maladies vénériennes', 17 Aug. 1945.

[87] COL AB 47/4, L'Administrateur Général Laffon to Messieurs les Délégués Supérieurs pour le Gouvernement Militaire, 'Lutte contre les maladies vénériennes', 30 Aug. 1945.

[88] LAB B Rep. 012/902-27, 21 June 1945, report by H. Lehmann (Gesundheitsamt Bezirk Wedding) to Magistrat der Stadt Berlin.

be still buried under the rubble.[89] With rising temperatures and groundwater they threatened to pollute the city's entire water supply. The French instructed the city's university medical faculty to survey the health situation. They identified, apart from problems such as the destruction of buildings, pipes, hospitals, and laboratories, one particular area of concern: food shortages. Since the end of the war official daily rations had decreased from 1,759 to just 586 calories per person per day.[90] Some commentators have since directly attributed the rising mortality rates to food shortages; the historian Eduard Seidler has calculated that infant mortality rates in Freiburg were over 30 per cent in spring 1946.[91] Concerns about imminent starvation were reinforced by reports from nearby towns, whose food supplies had more or less run out. Although shortages could be alleviated with surpluses from adjacent rural areas, the lack of transport and military security regulations often made this impossible.[92]

Despite these problems, comparatively speaking, physical and demographic conditions were more favourable than those in the rest of Germany. Most communities east of the Rhine, one report stated, had at least an embryonic health organization of a doctor and several registered nurses or midwives.[93] German mortality in the zone was lower than mortality in France itself.[94] Major infectious disease incidence rates were persistently lowest or second-lowest in the French zone (and consistently highest in the Soviet zone).[95] Even in Berlin, problems were comparatively less severe in the French sector. Because it was much smaller than the other three, both in area and population, the French authorities also had to deal with a smaller share of the overall burden. The two French districts had to accommodate and feed by far the smallest share of newly arriving German refugees: by November 1945 fewer than 2,000 refugees lived in the French sector, compared with almost 6,000 in the American, almost 9,000 in the British, and over 10,000 in the Soviet sector.[96] Since, as report after report pointed out, refugees were directly associated with escalating disease and mortality rates, the French sector was exposed to fewer problems, and only spent a fraction of its budgets on refugee health costs.[97]

Comparisons of physical conditions indicate that the immediate public health challenges were less severe in the French zone, but they do not take into account

[89] Eduard Seidler, *Die Medizinische Fakultät der Albert-Ludwigs-Universität Freiburg im Breisgau* (1993), 397.

[90] Hans-Georg Hofer, 'Zwischen Reinigung und Reintegration: Die Freiburger Universitätsmedizin nach 1945', in Sigrid Oehler-Klein und Volker Roelcke (eds.), *Vergangenheitspolitik in der universitären Medizin nach 1945* (Stuttgart, 2007), 250.

[91] Hofer, 'Zwischen Reinigung und Reintegration'. Seidler, *Die Medizinische Fakultät*.

[92] MG-CA Weekly Field Report, 28 Apr. 1945, No. 46, 9, quoted in Starr, *Denazification*, 9.

[93] First French Army, 'Monthly Historical Report' (Apr. 1945), 11, quoted in Starr, *Denazification*, 67.

[94] F. Desplats suggested this was because the French population contained a higher number of old people. COL AB 35/2, Desplats, 'La Direction de la Santé Publique'.

[95] GMZFO, *Zone Française d'Occupation en Allemagne, Résultats de six mois d'activité* (May 1946), 49.

[96] LAB C Rep. 118–59, 'Denkschrift zur Frage des Umsiedlerproblems in der Stadt Berlin', Magistrat der Stadt Berlin, Hauptamt für Sozialwesen, 16 Nov. 1945. Also see LAB B Rep. 012/166, Weekly reports on expellees and returning soldiers, 5 Nov. 1945.

[97] e.g. LAB B Rep. 203/5114, Bezirksamt Wedding von Gross-Berlin to Gouvernement Militaire Francais du Grand-Berlin, 3 June and 3 July 1947.

the material, political, or conceptual resources at the disposal of public health officers. Health work everywhere in Germany was shaped by shortages, but they were of different scales, and dealt with differently, in each occupation zone. In the French zone confrontations over supply shortages plagued the relationship between the occupation authorities, and the German doctors and general population, for years. At the same time, personnel shortages were negotiated by a series of modifications to initial plans and directives.

As far as medical personnel was concerned, health teams argued that initial staffing allocations had underestimated requirements. This was despite the fact that the density of military government personnel was highest of all in the French zone, since the policy of decentralization required personnel for all technical fields at even the local level. *The Times* reported in December 1946 (after demobilization had begun to reduce the size of all four military governments) that the French had a density of 18 French officials to every 10,000 Germans; the British had a density of 10; and the Americans of only 3 officials in their respective zones. The French authorities delegated fewer responsibilities to the Germans than the other occupiers, and German authorities had fewer powers than their counterparts in the other zones.[98] Demobilization directly contradicted the idea that the Germans ought not to be given political and administrative responsibilities until they had learnt the lessons of history, and the assumption that the occupation would be a long project. But because of financial pressure from Paris, demobilization began early in the French zone and proceeded quickly—from around 300,000 in autumn 1945, to 200,000 in January 1946, 75,000 in May 1947, and only 53,000 soldiers in May 1948.[99] Public health staff, like their counterparts elsewhere, were united in their insistence that there were simply not enough people available for urgent public health work, and not even all jobs in the Health Directorate could be filled.[100] Budget cuts and reductions in the overall size of the French occupation forces only caused further panic. [101]

Demobilization brought into sharp focus the lack of qualified, and politically acceptable, German medical personnel. Already before the end of the war, a French report had identified severe personnel shortages in the German health service, exacerbated, it noted, by restrictions on non-Aryans' right to practise medicine and the drafting of many doctors into the army. Many old and retired individuals had been used during the war: in 1943, over 300 practising German doctors were older than 80 years, and 3,000 were older than 70 years of age, but many of them would

---

[98] 'In the French Zone', *The Times*, 20 Dec. 1946. On competing estimates for the numbers of military government personnel in the other zones, see Balfour, 'Four Power Control in Germany', 102–6.

[99] Willis, *France, Germany and the New Europe*, 34. Estimates in Klöckler, *Abendland*, 29. For an example of rumours about cuts to the French occupation apparatus, see TNA FO 371/64348, British Consulate General, Baden-Baden, to Ernest Bevin, Foreign Office, 21 Jan. 1947.

[100] COL AB 35/3, 'Note explicative concernant l'effectif budgetaire du Service Médical du GM' [undated].

[101] A cut in the health budget in late 1946 meant that the pharmaceutical office of the French zone's health directorate was reduced to just a chief, a deputy, and 2 typists. COL AB 35/2, Desplats, 'La Direction de la Santé Publique'.

---

not be able to continue for much longer.[102] After the occupation began, the German health offices also warned about shortages. The health authorities in Berlin pointed out that the ratio of German doctors to inhabitants was persistently most unfavourable in the French sector: in the autumn of 1945 the British sector had 1.75 doctors per 1,000 inhabitants, and the American sector 1.16; but only 0.71 doctors per 1,000 inhabitants were available in the Soviet sector, and only 0.67 in the French sector.[103] This uneven distribution of doctors in Berlin—which mirrored the uneven distribution of doctors across Germany—continued to plague the French (and Soviet) health authorities for some time. By November 1946, the French districts were still short of medical personnel. The Berlin health office calculated a minimum need of 8 doctors per 10,000 inhabitants, and lamented the unbalanced distribution: the Soviet sector had a shortage of 358 doctors, and the French a shortage of 119. At the same time, the American sector had an excess of 156, and the British an excess of 321.[104]

Such personnel shortages, when fears about epidemic crises were at their most acute, led to a series of compromises, above all in denazification. In the British, American, and even Soviet zones, these compromises involved a recognition of the irreconcilable gaps between what had been planned and what now seemed feasible. As a result, the far-reaching ambitions for a wholesale cleansing of German society were abandoned, and formerly active, influential, and loyal members of the NSDAP were recruited to work in the health service, if the occupiers deemed this to be 'in the interest of public health'. In the French zone, although the denazification compromises produced similar results, they took a different form, as Anglo-American policies, acquired by default, were abandoned and replaced with French approaches.[105] These new procedures similarly allowed for the retention of politically suspect technical specialists.

At first, the French authorities followed SHAEF instructions on the identification of former members of the NSDAP and their removal from positions of public responsibilities. Using questionnaires and blacklists compiled by the Americans, they attempted to categorize individuals into one of five categories of guilt. Through the application of SHAEF criteria, by May 1946 almost 11,000 individuals deemed to have been 'Nazi leaders' had been arrested and interned.[106]

But from the start there was significant opposition to the questionnaires and the inflexible categories they generated.[107] Less than six months into the occupation, Laffon and his staff rejected the denazification criteria used in the other zones and replaced them with a new concept of German 'self-purification' (*auto-épuration*). The new procedure involved individual assessment of Germans by Germans, using

---

　[102] COL AB 35/1, 'Le Médecin allemand' (Paris, 11 Feb. [1945]).
　[103] LAB B Rep. 012/5, 'Bericht über die Dienstbesprechung am Donnerstag, dem 4.Oktober 1945', 4 Oct. 1945.
　[104] LAB B Rep. 012/277, 'Vermerk über die Amtsärztsitzung am 14. November 1946 im großen Saal des Landesgesundheitsamtes', 15 Nov. 1946.
　[105] The French had a separate term for this process: *épuration*, a purification or purge.
　[106] La Zone Française d'Occupation en Allemagne, *Résultats de six mois d'activité* (May 1946), 52.
　[107] COL AB 43/3, Emile Laffon to Messieurs les Administrateurs de Province, Baden-Baden, 22 Aug. 1945.

local testimony and evaluation. Where until then an individual's (non-)membership of the NSDAP (and dates of joining) was sufficient evidence, now local and provincial German denazification commissions were to consider a range of evidence available in each case, so as to determine the degree of complicity or guilt. The commissions would be constituted from members of the same profession as the accused, and representatives from political parties, trade unions, and former victims of the Nazi regime. They would have the power to impose sanctions, such as forced retirement, demotion, or dismissals without pension (but the French governors could veto their decisions or demand further investigations).[108]

Soon, French denazification procedure differed from that in the other zones in three main points: first, it rejected party membership as a sufficient sign of guilt and, conversely, non-membership as a sign of innocence; second, it insisted on examining individual cases on their merits, instead of using predetermined categories; and third, it prescribed that the process had to be run by the Germans themselves, under French direction.

Laffon explained in a memorandum that he was particularly concerned about the likely effects of Anglo-American denazification procedures on 'anti-Nazi elements', who might, in their despair, refuse to cooperate with the French occupation authorities.[109] By contrast, the new system would be 'both more thorough and more systematic'. A report from November 1945 explained that the Germans should take over denazification for both psychological and political reasons. They were motivated by 'a certain psychological interest that does not directly affect the French authorities in their operation of political justice'. The Germans had ' "lived" the Nazi regime', and were 'better able to assess the elements of the inquiry than the French officers, many of whom have experienced Germany only since the occupation', and were therefore 'ill-prepared to perform denazification'. There were also political calculations. Anti-Nazi Germans were 'not necessarily Francophiles', the report noted, and they might form 'a block against the occupiers if they had to testify before a French court'. Moreover, if the Germans took responsibilities for denazification 'in inevitable cases where injustices are committed, the French won't be blamed'. Nonetheless, the report went on, the French occupation authorities would still ultimately be in charge: they would select and approve the members of the German commissions, and would monitor (and if necessary, veto) proposed sanctions.[110]

That, at least, was the idea. In practice, the old SHAEF system and the new French procedure ran parallel for some time, creating confusion and inconsistencies.[111] Another report from November 1945 noted that denazification was a

---

[108] COL AB 43/3, Laffon to the Health Directorate, 19 Sept. 1945.
[109] COL AB 43/3, Laffon to the Health Directorate, 19 Sept. 1945.
[110] COL AB 43/4, 'Rapport General sur la dénazification en zone française d'occupation pour le mois de Novembre 1945'.
[111] This has been highlighted by the older historiography of the French zone, see e.g. Klaus-Dietmar Henke, *Politische Säuberung unter französischer Besatzung: Die Entnazifizierung in Württemberg-Hohenzollern* (Stuttgart, 1981). Klaus-Dietmar Henke, 'Politik der Widersprüche: Zur Charakteristik der französischen Militärregierung in Deutschland nach dem Zweiten Weltkrieg', in Claus Scharf and

complex problem, since it had to find a way to remove supporters of the Nazi regime from positions of influence, without abetting those 'solely driven by feelings of revenge'. There were still 'no appreciable results' to show from the new system, which had already been in operation for several months.[112] A report from the following month observed that the denazification commissions could only deal with around 100 cases per day. New commissions were being created where possible, but they were limited—of course—by personnel shortages. And it was backbreaking work: 'all the French denazification staff had to work 9 to 12 hours a day'. Despite this, the report stated, there were already 'some successes', and the German members of the commissions took their work very seriously. Any differences of opinion could usually be resolved by the deputies of the German provincial administrations, who had specific responsibility for denazification matters.[113]

Apart from an unrealistic time schedule, denazification in the French zone was also criticized for significant regional variation, as each decentralized *Land* authority developed its own procedures. All attempted to assess individual cases on their merits, as Laffon had specified, but some (such as in Württemberg) were admired for their fine-tuning and for being able to determine shades of individual guilt, while others struggled under the weight of cases. Even at the local level there was significant variation, and different commissions reacted differently to similar evidence. The Germans, one memorandum noted, often did not know what to do and needed further guidance, in particular where medical staff was concerned. The fact that some doctors were allowed to practise while others in a similar situation were suspended, was 'very disadvantageous'.[114] Criticism from inside the zone, from other zones (particularly the American), and from France led military government staff to adapt or change procedures.[115] But by spring 1947, a report from April proudly noted, 476,000 cases had been examined from a population of just under 2 million, resulting in sanctions in 39.2 per cent of cases—which compared respectably to the British and American zones.[116] This figure disguised great variation not just across the regions and provinces, but also in the different professions

Hans-Jürgen Schröder (eds.), *Die Deutschlandpolitik Frankreichs und die französische Zone 1945–1949* (Wiesbaden, 1983), 49–90. Klaus-Dietmar Henke, 'Die Grenzen der politischen Säuberung in Deutschland nach 1945', in Ludolf Herbst (ed.), *Westdeutschland 1945–1955: Unterwerfung, Kontrolle, Integration* (Munich, 1986), 127–33.

[112] COL AB 43/4, 'Rapport General sur la denazification en zone française d'occupation pour le mois de Novembre 1945'.

[113] COL AB 43/3, 'Épuration de personnel allemand, rapport général au 31 Décembre 1945, Statistiques provisoires de l'épuration systematique' [31 Dec. 1945].

[114] COL AB 43/3, note from F, 2 Mar. 1946. For similar complaints, also see COL AB 43/3, Dénazification du corps médical [1945].

[115] On internal criticisms, see e.g. COL AB 43/3, GMZFO Cabinet Civil, Laffon to DGs, 'Objét: Dénazification', 2 Apr. 1947. On the criticisms voiced in the American and French press, see Grohnert, *Die Entnazifizierung in Baden*. On effects of the French system on American denazification policy, see R. Grohnert, 'Die "auto-épuration": Der französische Sonderweg in der Entnazifizierung', in Edgar Wolfrum, Peter Fäßler, and Reinhard Grohnert (eds.), *Krisenjahre und Aufbruchszeit: Alltag und Politik im französisch besetzten Baden 1945–1949* (Munich, 1996), 165–85.

[116] COL AB 43/3, 'Rapport général sur l'épuration dans la Zone française d'Occupation en Allemagne à fin Avril 1947'.

to be denazified. Denazification was strictest in the field of education, where fewer than 50 per cent of the old elementary and secondary school teachers were kept on, and the police, but far fewer proportions were punished among those who worked in industry, public works, science, and above all medicine.[117]

The procedure was different from the other zones, but the results—at least as far as they concerned the medical profession and health offices—were very similar. Just as in the other zones, politically suspect specialists deemed to be indispensable were widely tolerated and exempted from cleansing procedures. That was the case even though in the French zone, too, the staff of the medical faculties, health offices, and health professions contained high percentages of formerly active, loyal Nazis. A recent estimate suggests that 75 per cent of members of the medical faculty of the University of Freiburg had joined the NSDAP.[118] Even if party membership alone was no longer a sufficient criterion of an individual's complicity, French officers were in no doubt about the extent of the problem, and they continued to use party membership as a signifier of 'particularly strong activity within the party'.[119] A French proposal to the Allied Health Committee in Berlin admitted frankly that there could be no 'question of eliminating all doctors belonging to the Party as they form the majority, up to 96 per cent in certain districts'.[120]

Faced with warnings that medical care and training were threatened by strict denazification, French officials initially responded by attempting to find replacements. It should be possible to eliminate the most dangerous elements while still providing care to the civilian population, one note from September 1945 maintained. If the removal of doctors presented a threat to public health, because they were 'indispensable in a particular location', a politically acceptable replacement should be found.[121] But French health officers also wavered about how to define Nazi complicity. To eliminate all Nazi party members would surely be to 'imitate Nazi methods', one memorandum argued; better to 'show humanity and eliminate

---

[117] Willis, *France, Germany and the New Europe*, 43. On the denazification of forestry workers and lawyers, see Grohnert, *Die Entnazifizierung in Baden*, 95–102. Evidence of the temporary and limited nature of denazification in the French zone is the existence of an influential lobby group of academics who had not yet been reinstated, the *Verband der nicht-amtierenden (amtsverdrängten) Hochschullehrer*, founded in Tübingen in 1950, Karsten Jedlitschka, *Wissenschaft und Politik: Der Fall des Münchner Historikers Ulrich Crämer (1907–1992)* (Berlin, 2006).

[118] Silke Seemann, *Die politische Säuberungen des Lehrkörpers der Freiburger Universität nach dem Ende des Zweiten Weltkriegs, 1945–1947* (Freiburg, 2002); Silke Seemann, 'Entnazifizierung und Vergangenheitsbewältigung in der Medizinischen Fakultät nach 1945', in Bernd Grün, Hans-Georg Hofer, and Karl-Heinz Leven (eds.), *Medizin und Nationalsozialismus: die Freiburger Medizinische Fakultät und das Klinikum in der Weimarer Republik und im 'Dritten Reich'* (Frankfurt am Main, 2002), 471–95.

[119] COL AB 43/4, Laffon to DGs, Épuration du corps médical [n.d.].

[120] TNA, FO 1050/737, 'Measures proposed for the denazification of the German Medical Corps', paper submitted by French member for consideration at the 4th AHC meeting, 22 Sept. 1945. COL AB 43/4, 'Projet', transmitted to Berlin via telephone, 26 Sept. 1945. The Health Directive supplied the material for this proposal presented in Berlin, see COL AB 43/3, Health Directorate, 'Note pour la Commission de Berlin. Objet: Épuration des médecins', 15 Sept. 1945.

[121] COL AB 43/3, Health Directorate, 'Note pour la Commission de Berlin. Objet: Épuration des médecins', 15 Sept. 1945.

---

only those active Nazis'. But who the 'active Nazis' were was hard to define, since Germans' own testimony always claimed they had not been actively involved.[122]

Next came the decision to make temporary allowances which broke the rules. In October 1945 Laffon reminded his staff that the cleansing of vital fields (such as industry, agriculture, finance, and commerce) had to be conducted in a way that did not destroy 'any possibility of an early resumption of economic life'.[123] Although it was wrong to continue to employ health officers who had been revoked by the denazification commissions, one memo admitted, it was often impossible to find replacements for them; so they would, as a temporary measure, have to continue their work.[124] As in the other zones, denazification was hampered because it applied above all to medical administration, for which volunteers were hardest to find. M. Curial from the Health Directorate noted how 'inconvenient' it was to have to find replacements for indispensable health officials removed from their jobs.[125] By February 1946 Laffon directed that since there were more jobs than qualified people, some Nazis would have to be employed—on the proviso that they should not be used in public functions, or, if possible, remain in their old jobs, and the employment offices were to keep a record of these unpalatable appointments.[126]

These compromises mirrored those that took place in the other three zones. If anything, the flexibility of the French zone's system made them happen earlier. Members of the medical profession, in particular, benefited from a system of hearings before German denazification commissions. Doctors and health officers were well-respected authority figures, and able to defend themselves in front of their neighbours and colleagues. And many managed to argue, consistently and convincingly, that doctors by their nature were above politics. They were treated more leniently by the commissions than other professions, and often cleared on the spot.[127] Across the French zone, the proportion of cases examined and sanctions taken against was significantly lower in the health professions than in any other field.[128]

CONFRONTATIONS

In 1949, an account of the work of the Health Directorate during the occupation observed that the public health picture had improved quickly after the initial months of chaos: by the summer of 1946, no epidemics were in evidence in French

---

[122] COL AB 43/4, Memorandum on 'Dénazification du corps médical' [undated, late 1945].

[123] COL AB 43/4, Laffon to DGs, 31 Oct. 1945.

[124] COL AB 43/3, Laffon memo, 22 Dec. 1945. Desplats's history of the Direction de la Santé Publique & Aide Sociale also states that the 'period of chaos gradually ceased as we put into place new medical personnel first with provisional, then with definitive licences'. COL AB 35/2, Desplats, 'La Direction de la Santé Publique'.

[125] COL AB 43/3, Générale des Affaires Administratives, memorandum on a meeting with M. Curial, 22 Dec. 1945.

[126] COL AB 43/3, Laffon to DGs, 8 Feb. 1946.

[127] COL AB 43/3, Laffon memo, 22 Dec. 1945.

[128] See e.g. Zone Française d'Occupation en Allemagne, 'Résultats de six mois d'activité', May 1946, 52—also reproduced in table 28.

---

occupied territory, and the mortality rate was low and far exceeded by births. Diseases such as typhus, cholera, and dysentery, which continued to plague those parts of the country flooded with refugees, were in sharp decline. Diphtheria rates were declining as a result of the systematic vaccination programmes. The number of hospital beds appeared to be sufficient to cope with demands (even if the rate occupancy was very high), and continued to rise. Even the numbers of beds in tuberculosis sanatoria had increased, from only just over 2,000 in 1946 to over 6,000 in 1948, once some of the requisitioned beds had been returned.[129]

But this benign official picture of public health progress obscures significant tensions. There were contradictions in all zones: between different sections of the occupation authorities, and between occupiers and the occupied population. A number of them centred around, and impacted upon, public health. In the French zone, some of these tensions became more acute and crippling than elsewhere because they were fuelled by the widespread unpopularity of the occupiers. They were disliked not just by the Germans. French occupation officers, both in the abstract and the concrete, were often scorned and parodied by the Americans, who portrayed them as 'officious', 'bureaucratic', conceited, pompous, or excessively nationalist.[130] As one British soldier mocked, the American's 'dislike of the French was born in Normandy, and neither God nor Eisenhower can change it'.[131]

But it was Germans' dissatisfaction with the French that dominated reports. In the contemporary press the French zone was described as 'the step-child among the four zones', run by a country 'which, itself, has come out of the war impoverished and diminished in importance'.[132] Kurt Schumacher, leader of the Social Democratic Party in the British zone and later in the Federal Republic, described the French as the 'Russians of the West' (*Westrussen*)—as unwelcomed and loathed by the population of the zone as the Soviets were in theirs.[133] But as Michael Balfour, a member of the British Element of the Control Commission (CCG(BE)) in Berlin, qualified: the two were not hated in quite the same terms. German animosity towards the Soviets 'was fed by habitual Teuton scorn of Slavs', he thought 'nobody could deny that the French, for all their Negro troops and the stories of their degeneration, were a cultured race'. Nonetheless, he reported, the Germans' perception was that '[t]he British like us but don't always notice that we are there, the Americans like us but treat us like badly behaved children, the French hate us on equal terms'.[134] Accounts of French revenge, pillage, and rape amplified such views.[135] Above all the French were resented for being there at all.

[129] COL AB 35/2, Desplats, 'La Direction de la Santé Publique'.

[130] e.g. see Welty, *The Hunger Years*, 24. Don Aminado Del Monte, *Travel Notes: Souvenirs of the French Military Occupation Zone in Austria and Germany, 1945, 1946, 1947 and May 1948* (Karachi, 1951).

[131] Lieutenant-Colonel W. Byford-Jones, *Berlin Twilight* (London, 1947), 25.

[132] Foundation for Foreign Affairs, 'Field Report', 4.

[133] Quoted in e.g. Kurt Klotzbach, *Der Weg zur Staatspartei: Programmatik, praktische Politik und Organisationen der deutschen Sozialdemokratie, 1945–1965* (Berlin, 1982), 156.

[134] Balfour, 'Four Power Control in Germany', 58.

[135] Leon C. Standifer, *Binding Up the Wounds: An American Soldier in Occupied Germany, 1945–1946* (Baton Rouge, La., 1997), 87, 146–7.

Public health work was influenced by the tendency of the Germans to look beyond their zone, and to compare their lot with that of other parts of the country.[136] The French zone, like the Soviet, never did very well in comparisons with the British and Americans, in particular falling short of the behaviour, influence, and material wealth of the United States.[137] Fearing that France was in danger of 'losing the peace'[138]—of being unable to implement its occupation agenda if the German population became ever more hostile—one response was to encourage fraternization between French occupation officers and the German population. The non-fraternization rule was one of the SHAEF directives the French authorities had inherited after joining the occupying powers. Paul Falkenburger, the young French public education officer, remembered that one of the few specific instructions before taking up his job in Freiburg, was not to fraternize with the occupied population. In practice, he found it easy to circumvent the rules. Like most of his colleagues he went to work in civilian clothes, and his superior—the military governor of Baden—was happy enough to relax the rules.[139] In December 1945 General Koenig authorized French soldiers of all ranks to circulate among German civilians. Even private visits were acceptable, if they adhered to 'the correct attitude and rules'. Although French troops were in principle forbidden from lodging with German civilians, Koenig noted that this would be permitted where 'certain difficulties of billeting' arose.[140]

Once the ban was lifted, Laffon and his staff actively encouraged contact. Fraternization at cultural, religious, and musical events was desirable in principle, Laffon declared, even if some French officers regrettably showed little discretion and had relations with former Nazis.[141] The essential point was that good French behaviour and friendly associations with the Germans were essential components of the French mission in Germany. To the Germans, the French should be 'not merely the functionaries who administer them with the funds of their military government, but men and women whom they meet in the streets, in the shops, the soldiers whom they see coming out of a dance on Sunday or children returning in the evening from a lycée or a school'. Laffon regretted that '[t]oo many cases' were reported to him which 'show that too many French in the occupation give the appearance of a true spirit of "colonialist" or even "racist". For too many Frenchmen the Germans are slaves who do not have the right even to elementary politeness.' This would not do. By early 1947 contacts and relations

---

[136] German scholars have coined the term *Vergleichsmentalität*, or mindset inclined to comparisons. See e.g. Rainer Gries, *Die Rationen-Gesellschaft—Versorgungskampf und Vergleichsmentalität: Leipzig, München und Köln nach dem Kriege* (Münster, 1991).

[137] Anna J. Merritt and Richard L. Merritt (eds.), *Public Opinion in Occupied Germany: The OMGUS Surveys, 1945–1949* (Urbana, 1970).

[138] This phrase was in common usage in Britain and the United States. See e.g. Robert Eisler and Eric George Hart, *Winning the Peace: A Comprehensive Policy* (London, 1948). Keith Hutchinson, 'Germany's Steel Ration', *The Nation*, 162 (26 Jan. 1946), 100. Robert Vansittart, *The Leopard and the Spots: Selected Extracts from 'Lessons of my Life'* (Win the Peace Pamphlet No. 1, London [1944]), 51.

[139] Falkenburger, *'Ich bin ein Berliner'*.

[140] COL AC 1031, Koenig to Commandant Supérieur des Troupes d'Occupation en Allemagne, 13 Dec. 1945.

[141] COL AC 1031, Laffon to Monsieur le Général de Corps Armée, 5 Dec. 1945.

---

had normalized and prospered, particularly once increasing numbers of French officers had brought their families to settle in the zone, Laffon was relieved to convey.[142]

Exchange trips, conferences, and other shared events were an immediately visible feature of this policy. Paul Falkenburger fondly remembered initiatives such as a meeting of French and German students in Titisee in the Black Forest, which resulted in a number of Franco-German marriages.[143] German scientists, doctors, and health officers were among the first to take part in these new exchanges, which, they said, often simply continued older Franco-German scientific and medical collaborations.[144] The new policy of scientific and cultural 'fraternization' was in evidence when the British psychiatrist E. B. Strauss toured the American and French occupation zones in spring 1946. While in the French zone he took part in an international conference of psychiatrists and neurologists at the University of Tübingen's nerve clinic. He was particularly impressed, he wrote in his report for the Medical Research Council, by the visionary French administrator of the university, who told him: 'we French cannot impress the Germans with our material power and resources, which are non-existent; so we concentrate on supporting and reinforcing the cultural life of the country. It is important that the Germans should realise that the French care for the arts and sciences as much as themselves.'[145] One example was the medical officer for the Berlin district Reinickendorf (in the French sector), a Dr Bloss, whom the French military government invited to the Hôpital Saint-Louis in Paris to learn about a new method of healing serious wounds. Upon his return, Dr Bloss gave lectures and talks to his colleagues about what he had learned, and repeatedly emphasized the friendly, cooperative, and accommodating treatment he had received in Paris.[146]

Apart from this focus on Franco-German relations, a second strategy to overcome the unpopularity of the French occupation was the military government's decision to fight bad press—in France and abroad—with detailed accounts of the accomplishments of its different departments. In early 1948, General Koenig instructed the heads of the six directorates to 'popularize' their activities and achievements for public consumption, and particularly for French journalists, who

---

[142] COL AC 1031, Laffon to Directors General, 1 Feb. 1947. Marriages between members of the French occupation forces and German civilians were still forbidden at this stage, but French officers could resign their posts and return to France with their German spouse. By September 1947, the ban on French–German marriages was formally lifted, see COL AC 1031, Koenig, 29 Oct. 1947.

[143] Paul Falkenburger, 'Intervention: Souvenir de l'ancien curateur adjoint de l'université de Fribourg', in Manfrass and Rioux (eds.), *France-Allemagne*, 285.

[144] Shortly before his expulsion from the Third Reich, the German-Jewish oncologist Ferdinand Blumenthal noted that French–German scientific collaborations had prospered for decades and had particularly enriched fields such as cancer research. Blumenthal, 'Avant-propos pour le chapitre concernant la lutte contre le cancer en Allemagne', in Jacques Bandaline, *La Lutte internationale contre le cancer* (Paris, 1933), 242–3. On his expulsion and move to Belgrade, see 'Ferdinand Blumenthal', *Morgen*, 15 July 1935. Blumenthal died in 1941.

[145] TNA, FD 1/2483, 'Observations and Suggestions: Report on his visit to certain universities in the American and French zones, August 1946, by E. B. Strauss' [Aug. 1946].

[146] See LAB B Rep. 012/5, Aktennotiz, 11 Mar. 1947, and note from Bezirksamtsarzt Reinickendorf, 2 Aug. 1947.

---

until then had mainly received information from the Germans themselves.[147] Médecin-Général F. Desplats's narrative of the Health Directorate's work, covering the period from the beginning of its existence in July 1945 to spring 1949, was one product of this popularization drive.[148] A largely descriptive account of how the Health Directorate successfully tackled a series of public health problems, it resembled, in both approach and substance, health officers' histories of those of the other military governments.[149]

Despite cultural propaganda and promotional histories, however, public health work in the French zone, according to German health officers, continued to be cast in an unfavourable light by a combination of French policies and discouraging comparisons to other parts of the country. Health officers' work was caught between the priorities of French reconstruction and German recovery. Nowhere were these conflicts more visible, and vocal, than in arguments about food and food shortages, which quickly spilled over into debates about public health.

From the moment they set foot on German soil, the needs of the French occupation troops appeared to come into conflict with those of the occupied population. In contrast to the British and American zones, but like the Soviet zone, the territory occupied by France had to provide much of the occupation troops' upkeep. The burden on each inhabitant, F. Roy Willis has calculated, was proportionately heavier in the French zone than in the British or American.[150] The high density of military government officers and the fact that families of occupation staff were encouraged to settle in the zone, added bodies to be housed and mouths to be fed. One report from 1946 estimated that around 17,000 French people lived in the town of Baden-Baden alone. It thought that the 'amounts of foodstuffs used by the occupying forces throughout the zone must be considerable, especially if it is remembered that the rations accorded them are far superior to those given out to the average person. To the number of administrators accompanied by their families must be added numerous mobilized troop contingents, which are rationed in Germany.'[151]

Some French reports observed that German rations during the first occupation year were in the region of 1,000 to 1,300 calories per person per day, and rose to at least 1,400 calories in 1947 and 1,869 in 1948.[152] But others reported extended

---

[147] COL AB 35/2, Le Général d'Armée Koenig, PIO le Général Navarre (Chef des Services de Direction), PA Le Lt.C-Colonel Henry (Chef de la Division d'Études et de Documentation), 'Note—Objet: Articles de vulgarisation pour la presse française', 20 Jan. 1948.

[148] COL AB 35/2, Desplats, 'La Direction de la santé publique'. Desplats is listed as the 'Chef du Service de Santé du GM' in Claude Albert Moreau and Robert Jouanneau Irriera, *Présence française en Allemagne: Essai de géographie cordiale de la zone française d'occupation* (Régie autonome des publications officielles avec le concours des Éditions Henri Neveu, 1949).

[149] BAK, Z45F, 5/323–3/2, Philip Beckjord, 'Post-war Developments in the Public Health of Austria, 1945–1949', 1949.

[150] Willis, *France, Germany and the New Europe*, 41.

[151] Foundation for Foreign Affairs, *Field Report*, 9–10.

[152] Commandement en Chef Français en Allemagne, *Recueil de documentation économique* (Baden-Baden, 1949), chart 2. Commandement en Chef Français en Allemagne, *La Zone Française d'Occupation, Janvier 1948*, 47, also noted moderate improvements between 1946 and 1947.

---

drops to significantly below the 1,000 calorie-mark for the normal consumer.[153] In March 1946 the Health Directorate initiated a series of nutrition surveys, which confirmed the insufficiency of food rations.[154] But, unlike in the British zone, it was not the data itself that was a source of conflict, rather the policies that produced them. German sources directly blamed the occupation army's excesses for the lack of food. Karl Brandt, a German agricultural economist who had fled to the United States in 1933, criticized the fact that the food shortages, felt throughout Germany in 1947, were at their worst in the French zone, where the occupation army lived off the land. Brandt's argument was also a political one: European security and unity demanded the reconstruction of Germany as an equal partner, he maintained, but this project was undermined by French economic policy in the French zone.[155]

German doctors assumed the roles of spokesmen for the German population at large. Food shortages had a direct impact on German public health, they argued. Members of the University of Tübingen's medical faculty produced a series of four memoranda on the food situation from August 1945 until summer 1946, which contained reports from various medical specialists about the physical effects of the food shortage. They painted a picture of a town on the verge of a hunger catastrophe. For the Germans real hunger had come with the occupation army; the physical destruction, lack of transport, and disruption of trade with the lost eastern territories were all exacerbated by the French living off the fat of the zone. One of their recommendations was the reduction of the population's working day to between four and six hours, 'to save calories'.[156] Throughout the first years of the occupation, German health officers insisted that lack of food was directly linked to rising rates of tuberculosis, the diminution of the population's physical and mental capacities, and the declining health of children.[157]

Political rather than medical concerns appeared to dictate the French allocation of food. They discussed food as part of the ever-present question of 'deserving': after all, as the French representative at the Nuremberg trials testified, at least 150,000 French people had died as a direct result of undernourishment caused by German occupation, and thousands more as an indirect result of it.[158] Food rations available to Germans were also frequently compared to official rations in France.[159]

---

[153] Commandement en Chef Français en Allemagne, *La Zone Française d'Occupation*, Jan. 1948, 'Èchelle du rationnement en calories', 54.

[154] TNA, FO 1050/687, Commission Interalliée de Nutrition, Section Santé Publique du Wurttemberg (Zone Française), Médecin Colonel Fabre.

[155] Karl Brandt, *Germany: Key to Peace in Europe* (Claremont, 1949), 51. Brandt was initially based at the New School for Social Research, before joining the University of Stanford's prestigious Food Research Institute. He was a vocal critic of the Morgenthau Plan, see esp. Karl Brandt, *Germany is Our Problem* (Washington, 1946). Karl Brandt, *Is There Still a Chance for Germany?* (Hinsdale, Ill., 1949).

[156] See reports quoted by Seidler, *Die Medizinische Fakultät*, 402.

[157] TNA, FO 1050/687, Commission Interalliée de Nutrition, Section Santé Publique du Wurttemberg (Zone Française), Médecin Colonel Fabre.

[158] M. Gerthoffer (French representative at the Nuremberg trials), quoted in Aron, *The Vichy Regime*, 430–1. Willis, *France, Germany and the New Europe*, 5.

[159] GMZFO, Direction de l'Information, 'Le Rationnement en Allemagne', *La France en Allemagne*, 3 (1946), 47–50.

Additional food rations were given to German members of the Resistance and German political refugees in the Saarland who had fought for the FFI.[160] French nutrition policy was also used to bolster re-education programmes through giving ration supplements to participants at international youth camps and to pupils and schoolteachers living away from their families.[161] Desplats wrote laconically that food questions had 'rapidly turned into top priorities because of the repercussions on the general political situation'.[162]

Similar, if less emotional, confrontations between German health officers and the French authorities took place over the requisitioning of German hospitals, and shortages of drugs and other medical supplies. Like the food shortages, both issues were part of the bigger debate about economic policy in the zone and the relationship of France's reconstruction to Germany's recovery. But while in the food controversy the French Health Directorate often sided with the Germans, here it was even more directly exposed to the contradictory nature of its assignment: like its counterpart in the Soviet zone, it was charged with the dual tasks of having to protect German public health, while at the same time prioritizing the health of French citizens and assisting French reparations and dismantling units. When in July 1945 French health officers toured and studied the German pharmaceutical factories and laboratories in the zone, they did so not just 'to protect them against looting', but primarily 'to put them back into action to produce the most indispensable products' for export to France. By October 1945, pharmaceutical production in the zone 'permitted…the supply of France with products of prime necessity which were totally lacking'.[163]

France's experience as an occupier was from the beginning shaped by the history of Franco-German relations. One of the lasting effects of this historical baggage, though elusive, was that it stimulated Frenchmen's search for France's 'lost greatness'.[164] French politicians' and diplomats' ambition for France to be once again recognized as a Great Power, as Stanley Hoffmann has argued, 'inspired the entire new politico-administrative class coming out of the war and the Resistance…Since humiliation had to be erased, since its most painful sign was the loss of precious rank, the high level before the fall had to be reconquered.'[165] As they marched into Germany, and indeed throughout the post-war decades, the French authorities tried to overcome the stigma of defeat and loss of power. The fact that France's place among the occupiers was in reality far more a product of the decisions and actions of the other Allies than of French efforts simply added to the urgency of that desire. By August 1944, French politicians insisted that the embarrassments of

---

[160] COL AEF 626, DG Agr et Rav to GMFZO Secretariat General, 19 Nov. 1948.

[161] COL AEF 626, Ravitaillement to GM Rhein-Pfalz, 18 Oct. 1947. COL AEF 626, Zentralausschuss für Ernährung Baden-Baden to Chef de la Division de la production agricole et du Ravitaillement, 28 July 1948.

[162] COL AB 35/2, Desplats, 'La Direction de la santé publique'.

[163] FIAT, 'The Manufacture of Sulfonamides and Related Intermediates in the French, British and American Zones of Occupation, Germany', FIAT Final Report No. 915, London, 30 May 1947.

[164] Phrase used by Gildea, *France Since 1945*, 6.

[165] Stanley Hoffmann, 'The Trauma of 1940: A Disaster and Its Traces', in Joel Blatt (ed.), *The French Defeat of 1940: Reassessments* (Oxford, 1998), 365.

1940 were now light years away, but in reality the scars of defeat and German rule ran deep. Signs could be detected not just in the nature of French soldiers' conduct and their daily interactions with the German population, but much earlier, even before French troops set foot on German soil. Conceptually, the goals and priorities of the occupation, and the political solutions available to French leaders to achieve them, were a direct product of this history.

And yet, by 1949, the initial goals and priorities of the French project had been largely overturned by the French zone's growing proximity to the American and British zones, and its integration into 'Trizonia', the future Federal Republic of Germany. It was only through political and material support that the persistent conflicts and confrontations in the French zone could be resolved. By then, France itself had already been a beneficiary of substantial amounts of Marshall aid.[166] The new alignments had immediate and visible effects in the zone. In the French sector of Berlin food rations increased markedly during the Soviet blockade.[167] Or, according to Desplats's history, the twelve months from June 1948 to June 1949 saw a complete transformation of the German economy, a currency reform, and the arrival of Marshall aid for imports of both food and medical supplies. Thereafter, drugs such as penicillin, streptomycin, and insulin could be imported, and pharmaceutical supplies in the zone soon reached or even exceeded pre-war levels. By the time the nutrition surveys were terminated in December 1948, health officers reported 'very noticeable improvements in the nutritional state of population' in the wake of the currency reform. By then, too, the sanatoria in the Black Forest, which the French military government had acquired for use by French children, prisoners of war, and concentration camp survivors, were returned to the German authorities, because of, as Desplats put it, 'a change in orientation' by the military government.[168]

---

[166] During Oct. to Dec. 1947 France received £337 million in emergency credits, followed by $284 million of interim aid on 2 Jan. 1948; and a further $989 million for the 12 months Apr. 1948–Apr. 1949. Willis, *France, Germany and the New Europe*, 20.

[167] LAB, GMFB/114, note on forthcoming increases in food rations in the French sector, 15 Oct. 1948.

[168] COL AB 35/2, Desplats, 'La Direction de la Santé Publique'.

9

Some Conclusions

When the occupation armies arrived in Germany during 1944 and 1945, public health problems were among the most pressing issues. By the time the two German states were founded in 1949, mortality rates and infectious disease rates had declined significantly, pharmaceutical production and supply had recovered, and German health administrations in all four zones successfully supervised and controlled public health work. But it would be misleading to draw a straight line between these two points in time, as scholars have tended to do. This study has examined how British, American, Soviet, French, and German health officers conceived of the problem of public health in Germany at the end of the Second World War, and how, as a result of a number of political, social, and economic developments, their assessments changed during the following four years.

COMPARISONS

The aftermath of the Second World War in Germany is richly documented in a wide range of sources. Probably the hardest part in writing this book has been the selection of which subjects to include, which files from the often very large archives to draw upon, and which features of this mass of research material to present and examine in detail. Throughout the study I have argued that public health was deeply embedded in broader problems and policies of occupation, and this perspective demanded, apart from the files generated by public health branches and medical officers, also reference to a range of other sources, both published and unpublished. Through this broad perspective, I have attempted to construct a new framework in which the problem of public health can be examined, without being constrained by inflexible disciplinary divisions. That framework enables a more sensitive and representative understanding of what public health work in post-war Germany involved. By bringing together a series of issues which are not generally seen in the same context—medical and political programmes in Germany, Allied wartime and post-war perceptions of the German problem, German and Allied views on the occupation, and developments in the four zones—this research helps to bridge a number of institutionalized divisions in German post-war history and historiography.

How has this comparison modified our understanding of the post-war period? By a comparison of the history of the four zones and Berlin sectors, the policies of all four occupation powers re-emerge in all their complexities and in their extraordinary

similarities and differences. Obviously the four occupation powers differed from each other in many crucial respects. But since all four were tied into a very similar job on German soil, a comparison of the occupation zones has been able to challenge some of the received views.

A fundamentally similar kind of emergency epidemic control was practised in each zone. Everywhere, public health became an important component of administering the German territory. All occupiers' desperate attempts to maintain a basic level of public health were accompanied by the realization that this could not be done without the involvement of German doctors and health officers. Health issues were dealt with at local, regional, and zonal levels; they were reviewed by specialist officers, committees, and departments, and featured regularly in administrators' meetings and reports. In each zone, this left behind a comparable paper trail. And faced with similar kinds of problems, such as the shortages of qualified German medical personnel, the authorities of the different zones of occupation often resolved them in very similar ways.

But the occupiers' different initial approaches to the German problem influenced their proceedings and had effects which lasted throughout the post-war era. Each of the occupiers implemented the way in which they saw the world, and these different paradigms, in combination with institutional inertia, guided their programmes for the reconstruction of the defeated country. This did not always mean that the creation of an exact copy of the home scenario was either practical or desirable. But in each zone, public health work was closely related to the ways in which the occupiers understood and approached the occupation of Germany.

The devastation of Germany turned out to be much greater than the High Commands had imagined and planned for, and the reconstruction of the destroyed country suddenly became much more challenging and urgent. For all four occupation powers, the situation encountered in Germany short-circuited their plans for a systematic cleansing of the German state and society from Nazi influence. Each occupier initially intended to carry out thorough denazification, and the German medical profession was always going to figure heavily in these efforts, since doctors had been among the most Nazified groups in Germany. The liberation of concentration camps then brought to light details of a series of medical crimes conducted under Nazi supervision. The German medical establishment—this was now clearer than ever—needed to undergo a thorough cleansing and systematic punishment under Allied control.

But in each zone, the destruction and chaos encountered by army detachments prevented the systematic application of these intentions. Shortages of housing, food, drugs, and disinfectants, in combination with the millions of people on the move, presented a scenario, so it was argued everywhere, in which epidemics would flourish if unchecked. Even merely proceeding within the very limited terms of the directives to 'prevent starvation or widespread disease' demanded more effort and focus than expected. Medical officers in all four zones claimed that there was no time to punish or dismiss German doctors, let alone to organize a thorough sweep. German doctors were among both the most highly regarded members of their communities and the most urgently needed professionals, and

soon became indispensable contact points for the occupiers. In the Soviet zone, the compulsory draft of former Nazi doctors into the epidemic service proved an overt means for their rehabilitation. Similar developments could be observed elsewhere.

As time went on, sympathy with and respect for German medicine, and a shared belief in the fundamentally apolitical nature of medical work, were added to the mix. Thus, in all zones, the demands imposed by having to fulfil basic health and administrative functions resulted in a relaxation of the criteria for the selection and denazification of German medical personnel. At the same time, old scientific and medical networks began to guide the occupiers' selection of German staff, and political networks were also recreated.

Once occupation began, the occupiers' moral certainty—still so clear in the planning period of occupation—began to crumble under the growing weight of awkward questions and colliding priorities. Public health went to the heart of fundamental problems of the occupation, and the epidemic argument soon began to acquire a far-reaching and persuasive power. One of the very first measures instituted in spring 1945 was the establishment of a sanitary border along the Rhine to limit the spread of typhus. Over the coming months, DDT dusting and delousing was made compulsory for refugees and German civilians attempting to cross this border, and soon similar measures were contemplated for other borders— including Germany's border to Poland, as well as some of the boundaries between the zones.[1] The focus on reducing the threat of epidemics meant that there was little room for concerns of individual welfare, no matter whether they related to refugees, prisoners of war, or even occupation soldiers.[2] Problems arising out of compulsory epidemic measures also manifested themselves in the methods to reduce the incidence of venereal diseases. Compulsory hospitalization and vaccination measures were enforced by withholding ration cards in case of non-compliance, but these procedures vexed doctors and health workers everywhere. While doctors frequently complained about the occupiers' lack of concern for their individual welfare, the legitimacy of these complaints and their demands for help were fiercely debated and contested.

Overall, then, there were many similarities between the four scenarios. Each of the occupiers lacked guidance and found it difficult to implement the model of indirect control, and their initial appetite for toughness was mediated by the new reality. But the comparisons have also helped to crystallize significant differences between the occupiers' approaches. The four powers were affected to different degrees by the Second World War. France and the Soviet Union had lost millions of men and women, and at the beginning of the occupation many of their country-men were still on German soil. Germany, defeated for now, seemed geographically much closer and more dangerous than it did to Britain or the United States. As a

---

[1] Military Government of Germany, 'Public Health and Medical Affairs: monthly report of military governor, U.S. Zone', No. 5, 20 Dec. 1945.

[2] Compare to Paul Weindling, *Epidemics and Genocide in Eastern Europe, 1890–1945* (Oxford, 2000), 396–7.

result, national security concerns dominated both the Soviet and the French occupation projects. To the British authorities, by contrast, although they had been in the war for longest and had felt the economic consequences very directly, Germany and the German problem seemed more remote. The United States was still further separated.

The symbolism of 1945 as the dawn of a new era was most keenly felt by France, for whom participation in the occupation of Germany became a vital component of its post-war programme. Influential French politicians argued that France now had to play a central role in the reconstruction of Europe and assume—or resume—its rightful place among the great powers. According to Léon Blum, the 'highest form of patriotism' was 'not to push our country to the highest point of military power but to make her the interpreter, the agent, the procurer of ideas which respond to her particular vocation in the world'.[3] Even those who did not share Blum's belief in the values of a 'substitution of international sovereignty for national armaments as a guarantee of peace',[4] agreed that France's special task lay in the political and diplomatic spheres. France, they insisted, was uniquely placed to mediate between the Western Allies and the Soviet Union. It had to cement its partnership with the Soviet Union, which could lend support for central French demands for German reparations and an international control of the Ruhr.[5] Through its policy on Germany and, more specifically, through its occupation programme,[6] France set out to achieve a number of goals. But by 1949 many of the initial goals and priorities of the French project had changed fundamentally, and with it France's perceived role in Germany.

Who, as far as the occupiers were concerned, was responsible for carrying the burden of public health in Germany? German health officers had to be a major part of any public health initiatives. Thus, both by design and necessity, all four occupiers practised some form of indirect control of the German administrations in their zones. But in all zones this was a source of conflict. The comparison has shown that everywhere, the primary focus of health policy towards the benefit of occupation troops and Allied nations spurred German doctors to defend supposedly German interests. In the British zone, this conflict was accompanied by more fundamental questions regarding the trust that could be put into German assessments—questions which undermined the practicability of any real indirect control. Out of the four occupiers, the British were perhaps most reluctant and slowest at making Germans responsible for their own administrative and governmental matters, and throughout, the process was accompanied by significant tensions. In the French zone, too, the German authorities had for some time fewer responsibilities and powers than their counterparts in the American and Soviet zones.

---

[3] *Le Populaire*, 3 Aug. 1945, quoted in Louise Elliott Dalby, *Léon Blum: Evolution of a Socialist* (New York, 1963), 372.

[4] *Le Populaire*, 3 Aug. 1945.

[5] Robert Gildea, *France Since 1945* (Oxford, 2002), 13 ff.

[6] On this distinction, see Rainer Hudemann, 'Zentralismus und Dezentralisierung in der französischen Deutschland- und Besatzungspolitik, 1945–1947', in Winfried Becker (ed.), *Die Kapitulation von 1945 und der Neubeginn in Deutschland* (Cologne and Vienna, 1987), 181–209.

The ways in which 'intermediaries' between the occupiers and the occupied population were used, or not, distinguished the Soviet and French from the British and American occupation zones, and proved to be of direct significance for public health policy and practice.[7] Differences between the Soviet and the western zones arose out of the fact that the Soviet authorities had at their disposal a set of willing German helpers who could be trusted to assist the Soviet occupation programme. By contrast, the absence of trusted German collaborators, which arose in part out of the western occupiers' rejection of German émigrés' participation in the reconstruction of Germany, was a much greater feature in public health work in the British zone than was the case in any of the other three zones.

As they took up their occupation duties, the American authorities' lack of German collaborators was partly alleviated by their prominent agenda to teach the German population about the values of an American federal democracy. General Eisenhower observed that democratization could only work by example: once the Germans saw what America represented, as embodied by the GI, they would learn by imitation and become good democrats in time. This conviction partly annulled the psychological insights about the German authoritarian personality which were still popular at the outset of the occupation. In one sense, the Soviet position actually demonstrated marked similarities: since fascism represented a violent convulsion of the late capitalist and imperialist European state, the elimination of the old ruling class, in whose pay and for whose ends fascism had arisen, would eliminate the socio-economic basis for fascism, and a new society could then be created. The notion that fascism was not an 'innate' and permanent German characteristic allowed both the United States and the Soviet Union to entrust the Germans with the reconstruction of their public health system.

But the Soviet and American zones also differed in important respects, and this research has put the debates regarding their Americanization and Sovietization efforts in Germany into a new light. The availability of role models for a reorientation of German minds soon became a major emphasis of the American project in Germany, and American occupation policies were re-evaluated and reformulated in this light. The ban on the fraternization of US officers with the Germans was lifted to facilitate a more constructive recruitment of hearts and minds. Competition with the other occupying powers played an important role, and an alienation of the German population was to be avoided at all costs. As an American memo from May 1945 stated, '[a]n important development which will bear watching is that while Russians may be undertaking a vigorous programme of winning over Germans, we may be going on a tack which will result in estranging them. All in all it is going to be a mess.'[8] However, contrary to these anticipations, the Soviet zone was surprisingly bare of Soviet role models. Much to the frustration of German communists and social democrats, the Soviet authorities often displayed

---

[7] Compare my usage of the term with that in Arnd Bauernkämper, Konrad Jarausch, and Marcus M. Payk (eds.), *Demokratiewunder: Transatlantische Mittler und die kulturelle Öffnung Westdeutschlands 1945–1970* (Göttingen, 2005).

[8] BAK, Za4f, 44–45/4/6, Lt. Muelder to Col. Calder, 26 May 1945.

little concern about alienating the German population, and little interest in winning them over to their side.

The Soviet and French zones, too, shared similarities. Both powers were economically and politically still crippled by the legacies of the war, and both attempted to use German occupation to enable reconstruction at home. Although both, as a result, had a clear sense of their enduring objectives in Germany, for both the dual reparation and reconstruction agendas quickly came into direct conflict, and both suffered from the German population's scorn. But France was also very different. Where the Soviet Union failed to provide role models, the French occupation authorities, like the Americans, initiated a successful drive to impart their culture of French liberty and democracy, and their way of thinking. Just when the Soviet commanders were attempting to enforce their non-fraternization policy, the French were revelling in having overcome it. To Émile Laffon and his staff, French civilizing contacts with the Germans were an essential part of the French mission.[9] In this sense, the French zone resembled the American more than any other, as both the United States and France attempted to remake Germany in their own image. In addition, both ruled over decentralized occupation zones, and proved to be most keen to establish regional identities and attachments.

In the British scenario, the pervasive acceptance of a Freudian, psycho-social understanding of the German personality led to its commitment to an expensive system of psychological profiling in the German Personnel Research Branch (GPRB), whose task it was to apply psychological testing methods to the selection of Germans to administrative posts. While its recommendations were not made use of systematically after 1945 (since they regularly clashed with the 'practical point of view'[10]), the fact that this unit of well-paid psychologists existed at all in those cash-strapped times points to some ways in which the British approach to Germany differed from that of the other occupiers. After the occupation of Germany began, objections to the implementation of such concepts often did not attack the principle but only the practicality of the concept, at a time when so many posts needed to be filled urgently. The psychological approach thus had some currency even as practical compromises were being made. As the Labour MP and BBC journalist Patrick Gordon Walker observed, military government was very good at clearing away the rubble, but '[w]hat is lacking is any policy beyond getting things running again as quickly as possible. There is vigour but not direction.'[11] By comparison, the American, French, and Soviet authorities each had some orientation points which made their occupation tasks easier, but which the British authorities lacked. On some issues the psychological concepts remained in currency throughout the early occupation years, reinforced and amplified by economic pressures. In the French zone, although psychological analyses were also popular, they were always modulated by a perspective on the need to enlighten, 're-educate', and impart the French mission.

---

[9] COL AC 1031, Laffon to Directors General, 1 Feb. 1947.
[10] TNA, FO 1039/129, Col. A. F. Merry to Major H. Reade (Assistant Controller, P & I Branch, Economic Division Advance HQ), 19 Feb. 1946.
[11] Patrick Gordon Walker, *The Lid Lifts* (London, 1945), 86.

Perhaps the biggest differences concerned the military, political, and financial means and manoeuvrability of the occupiers. The United States was least marred by internal divisions and emerged from the war as the strongest international leader and economic power. The other three occupiers had far fewer resources to draw upon: Britain was near bankruptcy and financially dependent on America, while the new Labour government had begun to put in place a newly comprehensive, and massively expensive, welfare state; both France and the Soviet Union struggled to fulfil demands of their own reconstruction programmes. The costly new wonder drug penicillin is an example in miniature of the importance of economic power.

PUBLIC HEALTH IN OCCUPIED GERMANY

Throughout the post-war era, the problem of public health was embedded in much broader occupation problems, and was much more than a limited technical matter. Even the emergency measures to prevent the spread of epidemics and improve the defeated population's health were influenced by much broader considerations, and themselves impacted upon much wider Allied programmes in Germany than their specific focus on infectious diseases might at first suggest. Public health work was closely tied up with questions such as how the defeated German population should and could be treated, whether and how Nazism could be eradicated, and what Germany's future path ought to be. In sum, therefore, public health in Germany provides a sharply defined frame of reference for a comparison of the occupation regimes. But it has also done more than that. It has revealed the great extent to which the character and components of public health work in each zone were shaped by administrative, political, and economic problems, and, conversely, the regularity with which prospering public health was understood to be at the heart of a German revival.

The questions posed at the beginning of the study were underpinned by an attempt to understand the role of public health in the occupation period as a whole. In this context, one question to which I have provided an answer—and which in turn helps us to understand the occupation more generally—is how and why health officers' claims that public health work was a major priority in the occupation period came to be so powerful and effective after 1945. The research demonstrates that the occupiers' preparations for health work were very different from their programmes once occupation began, but why was this the case? In some sense their new focus on epidemics was not surprising. Typhus, a disease transmitted by lice, was long known to flourish among groups of refugees and populations on the move who lacked shelter, clean clothing, water, and food. It was associated with war and famine, and known to prosper in camps. Other diseases such as dysentery and cholera were also known to be closely related to social disorder and the lack of a functioning hygiene infrastructure, and to follow the movement of troops and the disruption of war.[12] The spectre of cholera probably still lingered in public memory as a shocking disease which could wipe out communities with great speed. And if

---

[12] e.g. Dorothy Porter, *Health, Civilisation and the State* (London, 1999), esp. 80–4.

it was not cholera they knew about, the majority of the health officers in Germany after 1945—both Allied and German—had themselves lived through the 1918 flu epidemic and seen what devastation could be caused if diseases spread unchecked. A number of them had worked as doctors or health officials at the time, and would have been directly involved in strategies to curb the spread of influenza. Now, in the aftermath of a second savage war, a renewed declaration of epidemic urgency gave them considerable leverage. Given these long-established concerns of public health work (regardless of whether it was done by Americans, Russians, British, French, or Germans) with epidemic control, one question which this study has examined is not so much why the focus on epidemics became so widespread after 1945, but why the early Allied preparations had been so inadequate.

But there was also more to this issue. While the threat of spreading epidemics was an endlessly discussed subject in all occupation zones, epidemics were actually no real problem. There were no epidemics in post-war Germany, and the few local outbreaks of infectious diseases (primarily of typhus and dysentery) were successfully contained.[13] Once they had braced themselves for the worst, health officers often reported that the situation was not all that bad. An OMGUS report from October 1945 noted that '[d]espite all of the adverse factors which are present from a public health standpoint, the health of the German people at present cannot be said to be such as to endanger the occupation or the occupation troops'.[14] And still, the argument about the importance of public health long outlived the initial time of chaos and confusion; it continued to be heard everywhere, and proved to be a pervasive and effective means for mobilizing resources and support. How did the public health argument acquire such power and force?

A partial answer lies in the fact that to the German health officers, the new era of epidemics was synonymous with the end of German civilization as they had known it. Public health crises—real or imagined—not only threatened to destroy the last vestiges of social structure and cohesion in the defeated country, but they were also a symbol for how much German society, and with it the health officers' work, had changed from what it was before the war. Dr Paul Konitzer, president of the Central Health Administration in the Soviet zone (ZVG), commented in October 1945: 'We got too used to walking on the crutches of civilization. And we are now too easily discouraged, when—as now—our usual and customary aids have been knocked out of our hands through the after-effects of Hitler's extermination policies.'[15] At the same meeting, Konitzer's colleague Dr Bermann agreed that current public health work was fundamentally different from the work they had carried out previously. 'In the past', he thought, 'we have been used to a certain

---

[13] Also see Ellerbrock in Wolfgang Woelk and Jörg Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002), 325–6. Dagmar Ellerbrock, *'Healing Democracy': Heilende Demokratie* (Bonn, 2004), 22.

[14] TNA, FO 371/46992, 'Monthly Report of Military Governor, U.S. Zone', No. 3, 20 Oct. 1945.

[15] BAB, DQ1/1338, 'Protokoll der 2. Tagung der Leiter der Landes- und Provinzialgesundheitsämter im Sowjetischen Okkupationsgebiet in der Deutschen Zentralverwaltung für das Gesundheitswesen am 2. und 3. Oktober 1945', 9.

kind of epidemic work which I would like to call fine tuning; it was all about reaching point zero. The doctor generally noticed almost nothing of these measures, which did not extend beyond a small circle of initiates. But now a fundamental change has occurred. We have to learn to think differently. For the present time, measures have become necessary which used to be common 100 years ago.'[16] Although the ongoing social collapse was recognized by some as a unique chance to start afresh and build something new, most also mourned the demise of their profession's earlier successes and triumphs. German reports on the public health situation were frequently written in highly emotional language, and, much to the annoyance of the occupiers, contained some embellished statements on the German nation's decline as a whole.

But to the occupation officers, the situation was often no less shocking and no less symbolic. Their wartime discourse had frequently likened the German problem to a disease demanding a cure. As one British officer put it, '[w]e must treat the disease from which Germany has been suffering for so many centuries organically, not symptomatically'.[17] In addition, a crucial factor was that quite unexpectedly, Germany—which had been revered abroad for the greatness of its industrial, scientific, and medical advances—now resembled an underdeveloped nation much more than a developed one, and had lost its moral compass. This realization suddenly put public health work in Germany into a new light. Far from being able to limit the German standard of living, it was not even always clear how living conditions and health standards could be prevented from slipping any further. The problem was not simply one of sheer physical devastation. Some of the British health officers had, by the time they came to Germany, already encountered health crises in the course of their colonial service on the Indian subcontinent, and some Americans had participated in health operations in, for example, the Caribbean.[18] A number of the army health officers, Red Cross workers, and other relief teams now in Germany had also previously worked at other theatres of the war; and some had organized medical and relief work in the famine and epidemic conditions in East Asia.[19]

---

[16] BAB, DQ1/1338, 'Protokoll der 2. Tagung der Leiter der Landes- und Provinzialgesundheitsämter'.

[17] Wilfred Byford-Jones, *Berlin Twilight: On Life under the Allied Occupation* (London, 1947).

[18] See e.g. Arthur P. Long, 'The Army Immunization Programme', in Ebbe Curtis Hoff (ed.), *Preventive Medicine in World War II*, iii. *Personal Health Measures and Immunization* (Office of the Surgeon General, Department of the Army, Washington, 1968). TNA, FD1/418, 13 Aug. 1947, Edward Mellanby noted that the British zone's public health adviser and representative on the Allied Health Committee, Brigadier W. Strelley Martin, 'was formerly an Indian service man'.

[19] Anecdotal evidence on previous medical work in devastated conditions included that from Bernhard Fisher, who had carried out medical and relief work with the Friends Ambulance Unit (FAU) in Ethiopia, Austria, and the Netherlands before coming to Germany (IWM, Sound Archive, 10653/4). Michael Rowntree from the FAU had worked in Syria, Lebanon, Egypt, Italy, and France before coming to Germany (IWM, Sound Archive, 10883/8). The German doctors Carl Coutelle, Rolf Becker, and Herbert Baer had both in Spain and at the Burmese front 'worked among the civilian population, dealing with famine conditions and epidemics of scabies, cholera, typhus and dysentery', and had 'helped to run training schools for lay personnel where hygiene and first aid has been taught so that these people could be sent out to epidemic areas to help the overburdened medical personnel' (TNA, FO 371/46844, London China Medical Aid Committee to G. W. Harrison, German Section, Foreign Office, 18 June 1945); Coutelle discussed this experience in BAB, DQ1/1338, 'Sitzungsprotokoll der 4. Tagung der Leiter und Landesprovinzialgesundheitsämter am 12. Januar 1946', 15.

Many of them had already experienced public health problems which were similar to, if not much worse than, those they now faced in Germany. But Germany in 1945 represented a different challenge. British and American officers, in particular, were shocked not simply by the destruction itself that greeted them upon their arrival in Germany, but also by seeing people like themselves and a nation like their own in such a state. A feeling of similarity—as well as a high regard for German culture, science, and medicine—had accompanied Anglo-American attempts to come to grips with the German national character. At the heart of British and American health officers' admiration of past German health policy achievements, and of the fervour with which they turned to German doctors for cooperation, was thus not simply the practical problem of having to administer the occupied territory, but also a surviving sense of German superiority in medical, administrative, and social welfare matters. This dated back to the early Weimar years, and was—then, as in 1945—often coupled with a concern about the apparent inability by the United States or Britain to follow suit.[20] In the Soviet zone, a comparable but slightly different set of permutations resulted in a situation where Soviet officers' familiarity with German-caused destruction and resulting health crises in parts of Poland and Russia, was accompanied by the high esteem in which much German medicine and science was held, as well as by the long-standing participation of leading German communists in organizations of the Communist International.

Public health work in all four zones thus embodied some of the fundamental considerations about what the Germans were like, and whether, and how, they could be recruited to support the occupiers' agendas. British, American, Soviet, and French understanding of what Nazism was—a psychiatric condition or a social-structural problem—directly shaped their strategies for dealing with its remnants in the aftermath of the Third Reich. British and American views on what public health work in Germany involved changed drastically in the course of the war and post-war years, just as their political assessments also changed. In these terms, it also becomes clear that another reason why the threat of epidemics received so much attention, was because it undermined one of the Allied preparations' most central assumptions. While plans had stated that the problem of German public health could be dealt with in isolation from and differently to health questions which affected other European countries and United Nations citizens, both the potential problem of epidemics and the very real problem of venereal diseases revealed that this was manifestly not the case. The German problem now emerged at the heart of European reconstruction overall, and German public health was realized to be inseparably entangled with the health of occupation troops and neighbouring countries.

The disease argument as put forward by doctors and health officials received further ammunition from the fact that not long after occupation had begun, the Allied authorities began to recognize that diseases and unsettled conditions in Germany presented not only a practical danger to the health and survival of populations

---

[20] On 'declinism' in British science, and economic and military policy, see esp. David Edgerton, *Science, Technology and the British Industrial 'Decline'* (Cambridge, 1996).

in Europe, but also a threat to the success of their own aims and programmes. As a British directive from August 1945 observed, '[i]dleness, boredom and fear of the future are the best allies of Nazism past and present. Nazism has been destroyed, but the people who are used to having their thinking done for them will be helpless unless they are taught to think for themselves.'[21] The Germans were unlikely to be sympathetic to attempts to recruit them to a western-style democracy if they were sick or dying. As the threat of a revival of Nazism subsided, fears about a communist revolt in the western zones, triggered by poor living conditions and escalating economic problems, grew in importance. Similarly, German communists and social democrats in the Soviet zone recognized that public health and improved living conditions were essential preconditions for convincing the population that their programmes presented viable new alternatives. As the social democrat Max Klesse warned in July 1945: 'actual existence determines consciousness: hunger, cold, disease and epidemics will not be blamed by the masses on Hitler, but shoved onto the Soviets and the German Left, unless some significant changes take place quickly.'[22]

The Soviet position on German public health, in turn, was marked by contradictions which arose directly out of the ambiguities and incongruities in Soviet German policy overall. The Soviet authorities enabled the appointment of trustworthy and high-calibre Germans to the newly created Central Health Administration in the Soviet zone—itself understood at the time as a landmark—and supported these Germans' efforts to draw upon and redevelop some features of the German public health heritage. The Soviet health officers themselves were admired as a trained elite force, and their work was recognized as a crucial component of the administration of the eastern zone. But the ruthless reparations policy, on the other hand, severely hampered any real improvement in public health. In part, therefore, the disagreements and confrontations between German and Soviet authorities—like those between the Germans and the French—centred not simply on the significance of the German population's health and well-being, but on the nature of future German reconstruction much more generally. A number of German health officers insisted that public health had to be improved before any other, political aims could be achieved, but the Soviet authorities were not clear about what the longer-term aims of Soviet policy in Germany actually were. Far from rejoicing in an alleged Sovietization of their zone, German communists and other left-wing officials in the East were greatly concerned by the seeming lack of interest in Germany by their Soviet occupiers. By contrast, in the eyes of the British and particularly the French and American authorities, public health turned out to be a precondition for the success of their political agendas. In sum, it was because of these kinds of concerns, and particularly because of the realization that public health and political goals were inextricably linked, that the epidemic argument acquired a far-reaching and persuasive power in all four occupation zones, and contributed to fundamental shifts in occupation policies and agendas.

---

[21] TNA, FO 1030/387, Directive from Commander in Chief, 'Administration, Local and Regional Government and the Public Services', 23[?] Aug. 1945.

[22] BAB, DQ1/1634, memorandum by Max Klesse, 1 July 1945.

Bibliography

1. MAIN ARCHIVES

Archiv der Berlin-Brandenburgischen Akademie, Berlin (BBAW)

Archives de l'Occupation française en Allemagne et en Autriche, Colmar (COL)

Bodleian Library, Oxford (Bod.)

British Library, London (BL)

Bundesarchiv, Berlin-Lichterfelde (BAB)

Bundesarchiv, Koblenz (BAK)

Imperial War Museum, London (IWM)

Landesarchiv Berlin (LAB)

National Archives and Records Administration, Washington (NARA)

The National Archives London, formerly Public Record Office (TNA)

Wellcome Library Archive, London (WA)

World Health Organization Archive, Geneva (WHO)

2. SELECTION OF PUBLISHED SOURCES

Abelshauser, Werner, *Wirtschaft in Westdeutschland, 1945–1948: Rekonstruktion und Wachstumsbedingungen in der amerikanischen und britischen Zone* (Stuttgart, 1975).

—— *Wirtschaftsgeschichte der Bundesrepublik Deutschland, 1945–1980* (Frankfurt am Main, 1983).

Ackerknecht, Erwin, 'Anticontagionism between 1821 and 1867', *Bulletin for the History of Medicine*, 22 (1948), 562–93.

—— *Rudolf Virchow: Doctor, Statesman, Anthropologist* (Madison, 1953).

Ackermann, Anton, 'Gibt es einen besonderen Deutschen Weg zum Sozialismus?', *Einheit: Monatsschrift zur Vorbereitung der SED*, 1 (Feb. 1946), 22–32.

—— *Marxistische Kulturpolitik: Rede auf dem ersten Kulturtag der Sozialistischen Einheits-partei Deutschlands am 7. Mai 1948* (Berlin, 1948).

Adorno, Theodor W., Frenkel-Brunswik, Else, Levinson, Daniel J., and Sanford, R. Nevitt, *The Authoritarian Personality* (1950; New York, 1982).

Akademie für öffentliches Gesundheitswesen in Düsseldorf (eds.), *50 Jahre Gesetz über die Vereinheitlichung des Gesundheitswesens* (Düsseldorf, 1984), 43–59.

Alber, Jens, *Der Sozialstaat in der Bundesrepublik 1950–1983* (Frankfurt, 1989).

—— *Das Gesundheitswesen der Bundesrepublik Deutschland: Entwicklung, Struktur und Funktionsweise* (Frankfurt, 1992).

Albrecht, Barbara, and Günter, *Diagnosen: Ärzteerinnerungen aus dem 20. Jahrhundert* (Berlin, 1977).

Allinson, Mark, *Politics and Popular Opinion in East Germany, 1945–1949* (Manchester, 2000).

Alter, Peter (ed.), *Out of the Third Reich: Refugee Historians in Post-War Britain* (London, 1998).

Aly, Götz, Chroust, Peter, and Pross, Christian (eds.), *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene* (Baltimore, 1994).

Anderson, Robert S., *Preventive Medicine in World War II* (Washington, 1955–75).

Arendt, Hannah, *The Origins of Totalitarianism* (1951; New York, 1973).

Aron, Robert, *The Vichy Regime, 1940–1944* (London, 1958).

Ash, Mitchell G., and Söllner, Alfons (eds.), *Forced Migration and Scientific Change: Émigré German-Speaking Scientists and Scholars after 1933* (Cambridge, 1995).

Ashwell, Margaret (ed.), *McCance & Widdowson: A Scientific Partnership of 60 Years, 1933 to 1993* (London, 1993).

Baader, Gerhard, 'Politisch motivierte Emigration deutscher Ärzte', *Berichte der Wissenschafts-geschichte*, 7/2 (1984), 67–84.

Bacque, James, *Other Losses: An Investigation into the Mass Deaths of German Prisoners of War After World War II* (1989; London, 1991).

—— *Crimes and Mercies: The Fate of German Civilians Under Allied Occupation 1944–1950* (London, 1997).

Badia, Gilbert, *Clara Zetkin: Eine neue Biographie* (Berlin, 1999)

Baker, J. R., *Science and the Planned State* (New York, 1945).

Balfour, Michael, and Mair, John, *Four Power Control in Germany and Austria, 1945–1946* (Oxford, 1956).

Banac, Ivo (ed.), *The Diary of Georgi Dimitrov 1933–1949* (New Haven, 2003).

Barraclough, Geoffrey, *The Origins of Modern Germany* (Oxford, 1946).

Bartholomai, Reinhard (ed.), *Sozialpolitik nach 1945: Geschichte und Analysen* (Bonn, 1977).

Becker, Winfried (ed.), *Die Kapitulierung von 1945 und der Neubeginn in Deutschland* (Cologne, 1987).

Behncke, Michael, *Democratization or Sovietization? The Development of the Soviet Zone of Occupation in Germany 1945–1950 in the Light of Recent Findings* (Hamburg, 1983).

Benz, Wolfgang, *Von der Besatzungsherrschaft zur Bundesrepublik: Stationen einer Staatsgründung, 1946–1949* (Frankfurt, 1984).

—— *Potsdam 1945: Besatzungsherrschaft und Neuaufbau im Vier-Zonen-Deutschland* (1986; Munich, 1994).

—— (ed.), *Deutschland unter alliierter Besatzung, 1945–1949/1955: Ein Handbuch* (Berlin, 1999).

Berg, Manfred, and Cocks, Geoffrey (eds.), *Medicine and Modernity: Public Health and Medical Care in Nineteenth and Twentieth-Century Germany* (Cambridge, 1997).

Berghahn, Volker, *The Americanisation of West German Industry, 1945–1973* (Cambridge, 1986).

—— *America and the Intellectual Cold Wars in Europe: Shephard Stone between Philanthropy, Academy and Diplomacy* (Princeton, 2001).

Bermann-Fischer, Gottfried (ed.), *Die Neue Rundschau: Sonderausgabe zu Thomas Manns 70. Geburtstag* (Stockholm, 1945).

Bessel, Richard, *Germany 1945: From War to Peace* (London, 2009).

Bieling, Richard, *Der Tod hat ein Nachsehen: Emil von Behring, Gestalt und Werk* (1941; Bielefeld, 1954).

Birke, Adolf M., Booms, Hans, and Merker, Otto (eds.), *Akten der britischen Militärregierung in Deutschland, Control Commission for Germany, British Element, Sachinventar/Inventory 1945–1955* (Munich, 1993).

Bischof, Günter, and Ambrose, Stephen (eds.), *Eisenhower and the German POWs: Facts Against Falsehood* (Baton Rouge, La., 1992).

Blatt, Joel (ed.), *The French Defeat of 1940: Reassessments* (Oxford, 1998).

Bochalli, Richard, *Robert Koch: Der Schöpfer der modernen Bakteriologie* (Stuttgart, 1954).

Boenheim, Felix (ed.), *Virchow: Werk und Wirkung* (Berlin, 1957).

Boldorf, Marcel, *Sozialfürsorge in der SBZ/DDR, 1945–1953: Ursachen, Ausmass und Bewältigung der Nachkriegsarmut* (Stuttgart, 1998).

Brandt, Karl, *Is There Still a Chance for Germany?* (Hinsdale, Ill., 1948).

—— *Germany: Key to Peace in Europe* (Claremont, 1949).

Brivati, Brian, and Jones, Harriet (eds.), *From Reconstruction to Integration: Britain and Europe since 1945* (Leicester, 1993).

Broszat, Martin, and Weber, Hermann (eds.), *SBZ Handbuch: Staatliche Verwaltungen, Parteien, gesellschaftliche Organisationen und ihre Führungskräfte in der Sowjetischen Besatzungszone Deutschlands 1945–1949* (Munich, 1990).

Brugsch, Theodor, *Lehrbuch der Inneren Medizin* (Berlin and Munich, 11th edn. 1947).

—— (*Arzt seit fünf Jahrzehnten* (Berlin, 10th edn. 1978).

Bussche, Hendrik van den (ed.), *Medizinische Wissenschaft im 'Dritten Reich': Kontinuität, Anpassung und Opposition an der Hamburger Medizinischen Fakultät* (Hamburg, 1989)

Büttner, Lothar, and Meyer, Bernhard (eds.), *Gesundheitspolitik der revolutionären deutschen Arbeiterbewegung: Vom Bund der Kommunisten bis zum Thälmannschen ZK der KPD* (Berlin, 1984).

Byford-Jones, Wilfred, *Berlin Twilight: On Life under the Allied Occupation* (London, 1947).

Byrnes, James F., *Speaking Frankly: An Account of the Conferences on a Peace Settlement Held in 1945 and 1946, with Observations on Foreign Policy* (London, 1947).

Chuikov, V. I., *The End of the Third Reich* (Moscow, 1978) (1st pub. Russian 1973).

Churchill, Winston, *The Second World War* (abridged edn. London, 2002).

Clay, Lucius, *Decision in Germany* (London, 1950).

Coles, Harry L., and Weinberg, Albert, *Civil Affairs: Soldiers Become Governors* (Washington DC, 1964).

Colvin, Ian Goodhope, *Vansittart in Office: An Historical Survey of the Origins of the Second World War Based on the Papers of Sir Robert Vansittart* (London, 1965).

Creuzberger, Stefan, *Die Sowjetische Militäradministration in Deutschland, 1945–1949* (Bonn, 1991).

—— *Die sowjetische Besatzungsmacht und das politische System der SBZ* (Weimar, 1996).

Crew, Francis, *The Army Medical Services: History of the Second World War, United Kingdom Medical Series* (London, 1955–66).

Daniels, M., and Hart, P. D'Arcy, *Tuberculosis in the British Zone of Germany* (London, 1948).

Degkwitz, Rudolf, *Das alte und das neue Deutschland* (Hamburg, 1947).

Depkat, Volker, and Graglia, Piero (eds.), *Entscheidung für Europa—Decidere l'Europa: Erfahrung, Zeitgeist und politische Herausforderungen am Beginn der europäischen Integration* (Berlin, 2010).

Dewhurst, Claude Hector, *Close Contact: An Account of the Author's Experiences as Chief of the British Mission to the Soviet Forces of Occupation in Germany, 1951–1953* (London, 1954).

Dicks, H. V., *Licensed Mass Murder: A Socio-psychological Study of Some SS Killers* (Sussex, 1972).

Diefendorf, Jeffry M., *In the Wake of War: The Reconstruction of German Cities after World War II* (Oxford, 1993).

Dinter, Andreas, *Seuchenalarm in Berlin: Seuchengeschehen und Seuchenbekämpfung in Berlin nach dem zweiten Weltkrieg* (Berlin, 1999).

—— *Berlin in Trümmern: Ernährungslage und medizinische Versorgung der Bevölkerung Berlins nach dem zweiten Weltkrieg* (Berlin, 1999).

Donnison, F. S. V., *Civil Affairs and Military Government in North-West Europe 1944–1946* (London, 1961).

—— *Civil Affairs and Military Government: Central Organisation and Planning* (London, 1966; 2nd edn. 1968).

Dorendor, Anneliese (ed.), *Der Zonenbeirat der Britisch Besetzten Zone: Ein Rückblick auf seine Tätigkeit* (Göttingen, 1953).

Douglas, William Sholto, *The Autobiography of Sholto Douglas* (London, 1963–6).

Drigalski, Wilhelm von, *Im Wirkungsfelde Robert Kochs* (Hamburg, 1948).

Eckart, W., 'Öffentliche Gesundheitspflege in der Weimarer Republik und in der Frühgeschichte der BRD', *Das öffentliche Gesundheitswesen*, 51 (1989), 213–21.

Eden, Anthony, *Days for Decision* (London, 1949).

—— *The Memoirs of the Rt. Hon. Sir Anthony Eden* (London, 1960–5).

Edgerton, David, *Science, Technology and the British Industrial 'Decline' ca.1870–1970* (Cambridge, 1996).

Ehrenburg, Ilya, *We Come as Judges* (London, 1945).

—— *The War: 1941–1945* (Cleveland, 1967).

Einzig, Paul, *Appeasement Before, During and After the War* (London, 1941).

—— *Can We Win the Peace?* (London, 1942).

—— 'A Plan for Germany's Economic Disarmament', *Economics Journal*, 52/206–7 (June–Sept. 1942), 176–85.

Eisenhower, Dwight D., *At Ease: Stories I Tell to Friends* (Garden City, NY, 1967).

Eisler, Robert, and Hart, Eric George, *Winning the Peace: A Comprehensive Policy* (London, 1948).

Elgey, Georgette, *The Vichy Regime, 1940–1944* (London, 1958) (1st pub. in French, 1955).

Elkeles, Thomas, Niehoff, Jens-Uwe, Rosenbrock, Rolf, and Schneider, Frank (eds.), *Prävention und Prophylaxe: Theorie und Praxis eines gesundheitspolitischen Grundmotivs in zwei deutschen Staaten, 1949–1990* (Berlin, 1991).

Ellerbrock, Dagmar, *'Healing Democracy': Heilende Demokratie* (Bonn, 2004).

Ernst, Anna-Sabine, *Die beste Prophylaxe ist der Sozialismus: Ärzte und medizinische Hochschullehrer in der SBZ/DDR 1945–1961* (Berlin, 1997).

Evleth, Donna, 'Vichy France and the Continuity of Medical Nationalism', *Social History of Medicine*, 8/1 (Apr. 1995), 95–116.

Falkenburger, Paul (with Corine Defrance), *'Ich bin ein Berliner': Berlin, Paris, Bonn—la voie d'un interprète* (Paris, 2006).

Farquharson, John E., *The Western Allies and the Politics of Food: Agrarian Management in Postwar Germany* (Leamington Spa, 1985).

—— '"Emotional but Influential": Victor Gollancz, Richard Stokes and the British Zone of Germany, 1945–1949', *Journal of Contemporary History*, 22 (1987), 501–19.

—— *Landwirtschaft und Ernährung in der Bizone (1945–1949)* (Frankfurt, 1990).

—— 'The British Occupation of Germany, 1945–1946: A Badly Managed Disaster Area?' *German History*, 11 (1993), 316–38.

—— 'From Unity to Division: What Prompted Britain to Change Its Policy in Germany in 1946', *European History Quarterly*, 26 (1996), 81–123.

Fermi, Laura, *Illustrious Immigrants: The Intellectual Migration from Europe, 1930–1941* (Chicago, 1968).

Fichter, Michael, *Besatzungsmacht und Gewerkschaften: Zur Entwicklung und Anwendung der U.S.-Gewerkschaftspolitik in Deutschland, 1944–1948* (Opladen, 1982).

Fischer, Alexander, *Sowjetische Deutschlandpolitik im Zweiten Weltkrieg 1941–1945* (Stuttgart, 1975).

—— (ed.), *Studien zur Geschichte der SBZ/DDR* (Berlin, 1993).

Fischer, Wolfram, Hierholzer, Klaus, Hubenstorf, Michael, Walther, Peter T., and Winau, Rolf (eds.), *Exodus von Wissenschaften aus Berlin—Fragestellungen, Ergebnisse, Desiderate. Entwicklungen vor und nach 1933* (Berlin, 1994).

Foerster, F. W., *The Genesis of European Crisis* (New York, 1935).

—— *Europe and the German Question* (London, 1941).

Foitzik, Jan, 'Die Sowjetische Militäradministration in Deutschland', *Das Parlament: Aus Politik und Zeitgeschichte*, 11/90 (1990), 43–62.

—— *Sowjetische Militäradministration in Deutschland (SMAD), 1945–1949: Struktur und Funktion* (Berlin, 1999).

—— (ed.), *Inventar der Befehle des Obersten Chefs der sowjetischen Militäradministration in Deutschland (SMAD), 1945–1949* (Munich, 1995).

Foundation for Foreign Affairs, *Field Report on the French Zone in Germany* (Washington DC, 1946)

Foschepoth, Joseph, and Steiniger, Rolf (eds.), *Die Britische Deutschland- und Besatzungspolitik 1945–1949* (Paderborn, 1996).

Frankenthal, Käte, *Der dreifache Fluch: Jüdin, Intellektuelle, Sozialistin: Lebenserinnerungen einer Ärztin in Deutschland und im Exil* (Frankfurt, 1981).

Frerich, Johannes, and Frey, Martin, *Handbuch der Geschichte der Sozialpolitik in Deutschland*, ii. *Sozialpolitik in der Deutschen Demokratischen Republik* (Munich, 1993).

Freund, Hugo, 'Sozialistische Gesundheitspolitik', *Sozialistische Mitteilungen: News for German Socialists in England*, 108/7–8 (Feb. 1948).

Frewer, Andreas, *Medizin und Moral in Weimarer Republik und Nationalsozialismus: Die Zeitschrift 'Ethik' unter Emil Abderhalden* (Frankfurt, 2000).

Friedrich, Carl Joachim, *Inevitable Peace* (Cambridge, Mass., 1948).

—— *Limited Government: A Comparison* (Englewood Cliffs, NJ, 1974).

—— (ed.), *American Experiences in Military Government in World War II* (New York, 1948).

—— and Brzezinski, Zbigniew, *Totalitarian Dictatorship and Autocracy* (1956; Cambridge, Mass., 1965).

—— Curtis, Michael, and Barber, Benjamin (eds.), *Totalitarianism in Perspective: 3 Views* (London, 1969).

Friedrich, Jörg, *Der Brand: Deutschland im Bombenkrieg 1940–1945* (Berlin, 2003).

Froboese, Prof. Dr Curt, *Rudolf Virchow,=5.9.1902—ein Gedenk- und Mahnwort an die heutige Ärztegeneration 50 Jahre nach seinem Tode* (Stuttgart, 1953).

Fulbrook, Mary, *The Two Germanies, 1945–1990: Problems of Interpretation* (London, 1992).

—— *Anatomy of a Dictatorship* (Oxford, 1995).

—— *History of Germany 1918–2000: The Divided Nation* (1991; Oxford, 2002).

—— and Swales, Martin (eds.), *Representing the German Nation: History and Identity in Twentieth-Century Germany* (Manchester, 2000).

Gaulle, Charles de, *The Complete War Memoirs of Charles de Gaulle* (1954–9; London, 1998).

Genschorek, Wolfgang, *Ferdinand Sauerbruch: Ein Leben für die Chirurgie* (Leipzig, 1978).

Gimbel, John, *A German Community under American Occupation: Marburg, 1945–1952* (Stanford, Calif., 1961).

——*Amerikanische Besatzungspolitik in Deutschland 1945–1949* (Frankfurt, 1971).

Glaser, Kurt, *Vom Reichsgesundheitsrat zum Bundesgesundheitsrat: Ein Beitrag zur Geschichte des deutschen Gesundheitswesens* (Stuttgart, 1960).

Glees, Anthony, *Exile Politics During the Second World War: The German Social Democrats in Britain* (Oxford, 1982).

Gniffke, Erich, *Jahre mit Ulbricht* (Cologne, 1966).

Goldhagen, Daniel Jonah, *Hitler's Willing Executioners: Ordinary Germans and the Holocaust* (London, 1996).

Goldman, Aaron L., 'Germans and the Nazis: The Controversy over "Vansittartism" in Britain During the Second World War', *Journal of Contemporary World History*, 14 (1979), 155–91.

Goldmann, Franz, *Benefits of the German Sickness Insurance System from the Point of View of Social Hygiene* (Geneva, 1928).

——*Public Medical Care: Principles and Problems* (New York, 1945).

——*Payment for Physicians' Service Under Crippled Children's Programs* (Washington, 1949).

——and Leavell, Hugh R. (eds.), *Medical Care for Americans* (Philadelphia, 1951).

Gollancz, Victor, *Shall Our Children Live or Die? A Reply to Lord Vansittart on the German Problem* (London, 1942).

——*Is It Nothing to You? Photographs of Starving German Children* (London, 1945).

——*In Darkest Germany* (London, 1947).

Gorer, Geoffrey, 'The British Zone of Germany', *Fortnightly* (Dec. 1946), 381–7.

Graml, Hermann, *Die Alliierten und die Teilung Deutschlands: Konflikte, Entscheidungen, 1941–1948* (Frankfurt, 1985).

Greiner, Bernd, *Die Morgenthau-Legende: Zur Geschichte eines umstrittenen Plans* (Hamburg, 1995).

Gries, Rainer, *Die Rationen-Gesellschaft—Versorgungskampf und Vergleichsmentalität: Leipzig, München und Köln nach dem Kriege* (Münster, 1991).

Groh, Christian (ed.), *Öffentliche Ordnung in der Nachkriegszeit* (Ubstadt-Weiher, 2002).

Grohnert, Reinhard, *Die Entnazifizierung in Baden 1945–1949: Konzeptionen und Praxis der 'Epuration' am Beispiel eines Landes der französischen Besatzungszone* (Stuttgart, 1991).

Grosser, J. F. (ed.), *Die große Kontroverse: Ein Briefwechsel um Deutschland* (Hamburg, 1963).

Grossmann, Atina, 'A Question of Silence: The Rape of German Women by Occupation Soldiers', *October* (Apr. 1995), 43–63.

——*Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920–1950* (Oxford, 1995).

Grotewohl, Otto, *Über Politik, Geschichte und Kultur: Ausgewählte Reden und Schriften 1945–1961* (Berlin, 1979).

Grün, Bernd, Hofer, Hans-Georg, and Leven, Karl-Heinz (eds.), *Medizin und National-sozialismus: Die Freiburger Medizinische Fakultät und das Klinikum in der Weimarer Republik und im 'Dritten Reich'* (Frankfurt am Main, 2002).

Hagen, Paul, *Erobert, nicht befreit: Das Deutsche Volk im Ersten Besatzungsjahr* (New York, 1946).

Hamperl, Herwig, and Doerr, Wilhelm (eds.), *Robert Rössle in seinem letzten Lebensjahrzehnt 1946–1956* (Berlin, 1976).

Hanauske, Dieter (ed.), *Die Sitzungsprotokolle des Magistrats der Stadt Berlin 1945/46* (Berlin, 1995).

Harding, Wilfrid, 'Reorganisation of the Health Services in the British Zone of Germany', *The Lancet*, 254/6576 (10 Sept. 1949), 482–5.

Harmsen, Hans (ed.), *Zur Entwicklung und Organisation des Gesundheitswesens in Sovjetrussland, in Osteuropäischen Volksdemokratien und in Mitteldeutschland* (Hamburg, 1955).

—— (ed.), *Gesundheitspolitische Organisation in der DDR und im Ostblock—Zur Entwicklung und Organisation des Gesundheitswesens in der DDR unter Mitberücksichtigung der UdSSR und osteuropäischer Volksdemokratien*, vol. lxvi (Hamburg, 1975).

—— (ed.), *Gesundheitspolitische Aufgaben in der DDR und UdSSR—Zur Entwicklung und Organisation des Gesundheitswesens in der DDR unter Mitberücksichtigung der UdSSR und osteuropäischer Volksdemokratien* (Hamburg, 1978).

Härtel, Lia, *Der Länderrat des Amerikanischen Besatzungsgebietes* (Stuttgart, 1951).

Hartewig, Karin, *Zurückgekehrt: Die Geschichte der jüdischen Kommunisten in der DDR* (Cologne, 2000).

Heitzer, Horst-Walter, *Die CDU in der britischen Zone, 1945–1949: Gründung, Organisation Programm und Politik* (Düsseldorf, 1988).

Henke, Klaus-Dietmar, *Politische Säuberung unter französischer Besatzung: Die Entnazifizierung in Württemberg-Hohenzollern* (Stuttgart, 1981).

—— *Die amerikanische Besetzung Deutschlands* (Munich, 1995).

Herbst, Ludolf (ed.), *Westdeutschland 1945–1955: Unterwerfung, Kontrolle, Integration* (Munich, 1986).

Herf, Jeffrey, *Divided Memory: The Past in the Two Germanies* (Cambridge, Mass., 1997).

Hidden, Norman, *Liaison Officer: Germany and the Anglo-US Occupation, 1946–1947* (Clydesdale, 1993).

Hirsch, Francine, 'The Soviets at Nuremberg: International Law, Propaganda and the Making of the Postwar Order', *American Historical Review* (June 2008), 701–30.

Hirschfeld, Gerhard (ed.), *Exil in Großbritannien: Zur Emigration aus dem nationalsozialistischen Deutschland* (Stuttgart, 1983).

Hochmuth, Ursel, and Meyer, Gertrud, *Streiflichter aus dem Hamburger Widerstand 1933–1945: Berichte und Dokumente* (Frankfurt, 1969).

Hockerts, H. G., *Sozialpolitische Entscheidungen in Nachkriegsdeutschland: Alliierte und deutsche Versicherungspolitik 1945 bis 1957* (Stuttgart, 1980).

—— (ed.), *Drei Wege deutscher Sozialstaatlichkeit: NS-Diktatur, Bundesrepublik und DDR im Vergleich* (Munich, 1998).

Hohlbein, Hartmut, *Hamburg 1945: Kriegsende, Not und Neubeginn* (Hamburg, 1985).

Howley, Frank L., *Berlin Command: Reminiscences 1945–1949* (New York, 1950).

Hull, Cordell, *The Memoirs of Cordell Hull* (London, 1948).

Hurwitz, Harold, *Die Eintracht der Siegermächte und die Orientierungsnot der Deutschen 1945–1946* (Cologne, 1984).

Ickerts, Franz, *Tuberkulose in der Britischen Zone* (Hamburg, 1948).

Institut für Geschichte der Arbeiterbewegung (ed.), *In den Fängen des NKFD: Deutsche Opfer des stalinistischen Terrors in der UdSSR* (Berlin, 1991).

Jordan, Ulrike (ed.), *Conditions of Surrender: Britons and Germans Witness the End of the War* (London, 1997).

Jürgensen, Kurt, *Die Briten in Schleswig-Holstein 1945–1949* (Neumünster, 1989).

Jütte, Robert (ed.), *Geschichte der deutschen Ärzteschaft: Organisierte Berufs- und Gesundheitspolitik im 19. und 20. Jahrhundert* (Cologne, 1997).

Kaiser, Wolfram, 'In memoriam Theodor Brugsch (1878–1963)', *Zeitschrift für die gesamte innere Medizin und ihre Grenzgebiete Klinik, Pathologie, Experiment*, 33/18 (1978), 641–50.

—— *Christian Democracy and the Origins of the European Union* (Cambridge, 2007).

——, Piechocki, Werner, and Werner, Kurt, 'Die Gesundheitserziehung im wissenschaftlichen Werk von Emil Abderhalden: Vorträge eines Gedenksymposiums aus Anlaß seines 100. Geburtstages', *Wissenschaftliche Beiträge der Martin-Luther-Universität Halle-Wittenberg*, 26/T18 (1977), 37–55.

Kampmeier, R. H., 'Germany: Nutrition Surveys in 1945', *Nutrition History Notes*, 23 (Summer 1985), 1–5.

Karlsch, Rainer, *Allein Bezahlt? Die Reparationsleistungen der SBZ/DDR 1945–1953* (Berlin, 1993).

Kater, Michael, *Doctors under Hitler* (1989).

Kaufman, Theodore Newman, *Germany Must Perish* (Newark, 1941).

Kaufmann, Doris (ed.), *Geschichte der Kaiser-Wilhelm-Gesellschaft im Nationalsozialismus: Bestandsaufnahme und Perspektiven der Forschung*, ii (Goettingen, 2000).

Keiderling, Gerhard (ed.), *'Gruppe Ulbricht' in Berlin, April bis Juni 1945: Von den Vorbereitungen im Sommer 1944 bis zur Wiedergründung der KPD im Juni 1945* (Berlin, 1993).

Keppler, Kurt, *Tod über Deutschland: Der Morgenthau Plan* (Tübingen, 1971).

Kettenacker, Lothar, *Krieg zur Friedenssicherung: die Deutschlandplanung der britischen Regierung während des Zweiten Weltkrieges* (Göttingen, 1989).

——(ed.), *Das 'Andere Deutschland' im Zweiten Weltkrieg: Emigration und Widerstand in Internationaler Perspektive* (Stuttgart, 1977).

——(ed.), *Ein Volk von Opfern: Die neue Debatte um den Bombenkrieg 1940–1945* (Berlin, 2003).

Kiessling, Claudia Sybille, *Dr. med. Hellmuth Unger (1891–1953), ein Dichterarzt und ärztlicher Pressepolitiker in der Weimarer Republik und im Nationalsozialismus* (Husum, 1999).

Kirkpatrick, Ivone, *The Inner Circle: Memoirs of Ivone Kirkpatrick* (London, 1959).

Klatt, Werner, *Food Prices and Food Price Policies in Europe* (London, 1950).

Klee, Ernst, *Deutsche Medizin im Dritten Reich: Karrieren vor und nach 1945* (Frankfurt, 2001).

Klöckler, Jürgen, *Abendland—Alpenland—Alemannien: Frankreich und die Neugliederungsdiskussion in Südwestdeutschland 1945–1947* (Oldenbourg, 1998).

Kocka, Jürgen (ed.), *Historische DDR-Forschung: Aufsätze und Studien* (Berlin, 1993).

Koebner, Thomas, Sautermeister, Gert, Schneider, Sigrid (eds.), *Deutschland nach Hitler: Zukunftspläne im Exil und aus der Besatzungszeit, 1939–1949* (Opladen, 1987).

Konert, Jürgen, *Theodor Brugsch: Internist und Politiker* (Leipzig, 1988).

Kospoth, B. J., *Red Wins: An Account of the Author's Experiences in North-Eastern Germany after its Occupation by the Russian Army in 1945* (London, 1946).

Kottmaier, J., 'Die Friedenssendung des Arztes', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/7 (July 1947), 227–8.

Kowalski, Hans-Günter, 'Die European Advisory Commission als Instrument alliierter Deutschlandplanung, 1943–1945', *Vierteljahreshefte für Zeitgeschichte*, 19 (1971), 261–93.

Krauss, Marita, *Heimkehr in ein fremdes Land: Geschichte der Remigration nach 1945* (Munich, 2001).

Krohn, Claus-Dieter (ed.), *Handbuch der deutschsprachigen Emigration 1933–1945* (Darmstadt, 1998).

Kröner, Hans-Peter, 'Die Emigration deutschsprachiger Mediziner im Nationalsozialismus', *Berichte zur Wissenschaftsgeschichte*, 12 (1989), 1–35.

Kröner, Peter, *Vor fünfzig Jahren: Die Emigration deutschsprachiger Wissenschaftler 1933–1939* (Münster, 1983).

Kuczynski, Jürgen, *So war es wirklich gewesen: Ein Rückblick auf 20 Jahre Bundesrepublik* (Berlin, 1969).

——Kuczynski, Margarete, 'Die "Freie deutsche Bewegung" in Grossbritannien', *Mitteilungsblatt der Arbeitsgemeinschaft ehemaliger Offiziere*, 7 (1963), 4–6.

Kudlien, Fridolf, and Andree, Christian, 'Sauerbruch und der Nationalsozialismus', *Medizinhistorisches Journal*, 15 (Stuttgart, 1980), 201–22.

Kühn, Kurt (ed.), *An der Seite der Arbeiterklasse: Beiträge zur Geschichte des Bündnisses der Deutschen Arbeiterklasse mit der medizinischen Intelligenz* (Berlin, 1973).

Labisch, Alfons, 'Das Krankenhaus in der Gesundheitspolitik der deutschen Sozialdemokratie vor dem Ersten Weltkrieg', *Medizinsoziologisches Jahrbuch*, 1 (1981), 126–51.

——and Tennstedt, Florian, *Der Weg zum 'Gesetz über die Vereinheitlichung des Gesundheitswesens'* (Düsseldorf, 1985).

Langkau-Alex, Ursula, and Ruprecht, Thomas (eds.), *Was soll aus Deutschland werden? Der Council for a Democratic Germany in New York, 1944–1945: Aufsätze und Dokumente* (Frankfurt, 1995).

Laski, Harold, *The Germans—Are They Human? A Reply to Sir Robert Vansittart* (London, 1941).

Lattard, Alain, 'Zielkonflikte französischer Besatzungspolitik in Deutschland: Der Streit Laffon-Koenig, 1945–1947', *Vierteljahreshefte für Zeitgeschichte*, 39/1 (Jan. 1991), 1–35.

——*Gewerkschaften und Arbeitgeber in Rheinland-Pfalz unter französischer Besatzung, 1945–1949* (Mainz, 1988).

Latour, Conrad, and Vogelsang, Thilo, *Okkupation und Wiederaufbau: Die Tätigkeit der Militärregierung in der amerikanischen Besatzungszone Deutschlands 1944–1947* (Stuttgart, 1973).

Laufer, Jochen, and Kynin, Georgii (eds.), *Die UdSSR und die deutsche Frage 1941–1948: Dokumente aus dem Archiv für Außenpolitik der Russischen Föderation*, i (Berlin, 2004).

Laychuk, Julian L., *Ilya Ehrenburg: An Idealist in an Age of Realism* (Bern, 1991).

Lehmann-Russbueldt, Otto, *Aggression: The Origin of Germany's War Machine* (London, 1942).

Leibfried, Stephan, and Tennstedt, Florian (eds.), *Kommunale Gesundheitsfürsorge und sozialistische Ärztepolitik zwischen Kaiserreich und Nationalsozialismus—autobiographischen, biographische und gesundheitspolitische Anmerkungen von Dr. Georg Löwenstein* (Bremen, 1980).

————(eds.), *Council for a Democratic Germany: Fürsorge-Ausschuss, Unter-Ausschuss für ein deutsches Gesundheitsprogramm* (Bremen, 1981).

Leiby, Richard Arthur, *Public Health in Occupied Germany, 1945–1949* (PhD, University of Delaware, 1984).

Leonhard, Wolfgang, *Die Revolution entlässt ihre Kinder* (1955; Cologne, 2003).

——*Das kurze Leben der DDR: Berichte und Kommentare aus vier Jahrzehnten* (Stuttgart, 1990).

Lettow, Fritz, *Arzt in den Höllen: Erinnerungen an vier Konzentrationslager* (Berlin, 1997).

Light, Donald W., and Schuller, Alexander (eds.), *Political Values and Health Care: The German Experience* (Cambridge, Mass., 1986).

Lindner, Ulrike, '"Chronische Gesundheitsprobleme": Das deutsche Gesundheitssystem vom Kaiserreich bis in die Bundesrepublik', *Aus Politik und Zeitgeschichte*, B 33–4 (2003), 21–8.

——*Gesundheitspolitik in der Nachkriegszeit: Großbritannien und die BRD im Vergleich* (Munich, 2004).

——and Niehuss, Merith (eds.), *Ärztinnen-Patientinnen: Frauen im deutschen und britischen Gesundheitswesen des 20. Jahrhunderts* (Cologne, 2002).

Lipscomb, Colonel F. M., 'Some Medical Aspects of Belsen Concentration Camp', *The Lancet*, 246/6367 (8 Sept. 1945), 313–15.

Long, Arthur P., 'The Army Immunization Programme', in Ebbe Curtis Hoff (ed.), *Preventive Medicine in World War II*, iii. *Personal Health Measures and Immunization* (Office of the Surgeon General, Department of the Army, Washington, 1968).

Long, Esmond R., 'A Pathologist's Recollection of the Control of Tuberculosis', *Perspectives in Biology and Medicine*, 5 (1961), 24–51.

——and Jablon, Seymor, *Tuberculosis in the Army of the United States in World War II: An Epidemiological Study with an Evaluation of X-Ray Screening* (Washington DC, 1955).

Lorimer, E. O., *What the German Needs* (London, 1942).

Löwy, Ilana (ed.), *Medicine and Change: Historical and Sociological Studies of Medical Innovation* (London, 1993).

Ludwig, Emil, *The Germans: Double History of a Nation* (Boston, 1941).

——*How to Treat the Germans* (London [1943]).

——*Geschichte der Deutschen: Studien über Geist und Macht* (Zurich, 1945).

Lustiger, Arno, 'German and Austrian Jews in the International Brigade', *Leo Baeck Institute Yearbook XXXV* (London, 1990), 297–320.

McCance, Robert, *Reminiscences* (Cambridge, 1987).

McCreedy, Kenneth O., 'Planning the Peace: Operation Eclipse and the Occupation of Germany', *Journal of Military History*, 65/3 (July 2001), 713–40.

McGovern, William Montgomery, *From Luther to Hitler: The History of Fascist-Nazi Political Philosophy* (Boston, 1941).

MacKenzie, S. P., 'Essay and Reflection: On the *Other Losses* Debate', *International History Review*, 14/4 (Nov. 1992), 717–31.

Manfrass, Klaus, and Rioux, Jean-Pierre (eds.), *France-Allemagne 1944–1947: Akten des deutsch-französischen Historikerkolloquiums, Baden-Baden, 2.-5. Dezember 1986* (Paris, 1990).

Mann, Klaus, *The Turning Point: The Autobiography of Klaus Mann* (1942; London, 1987).

Mann, Thomas, *War and the Future: An Address* (Washington, 1943).

——*Deutsche Hörer: 55 Radiosendungen nach Deutschland* (Stockholm, 1945).

Marquardt, Martha, *Paul Ehrlich als Mensch und Arbeiter: Erinnerungen aus dreizehn Jahren seines Lebens (1902–1915)* (1924; Berlin, 1951) (English edn. 1949).

Meissner, Boris, 'Die Vereinbarungen der Europäischen Beratenden Kommission über Deutschland von 1944/45', *Aus Politik und Zeitgeschichte*, 46 (1970), 3–14.

Michalka, Wolfgang (ed.), *Der Erste Weltkrieg: Wirkung, Wahrnehmung, Analyse* (Weyarn, 1997).

Ministerrat der DDR/Ministerium für Gesundheitswesen, *Die Bedeutung der Befehle der SMAD für den Aufbau des sozialistischen Gesundheitswesens der Deutschen Demokratischen Republik: Dokumentation aus Anlaß des 50. Jahrestages der Großen Sozialistischen Oktober-revolution* (Berlin, 1967).

Mitscherlich, A., and Mielke, F., *The Death Doctors* (London, 1962).

————(eds.), *Doctors of Infamy: The Story of the Nazi Medical Crimes* (New York, 1949).

————(eds.), *Medizin ohne Menschlichkeit: Dokumente des Nürnberger Ärzteprozesses* (1949; Frankfurt am Main, 1960).

Mohr, Antje, *Hessen und der Länderrat des Amerikanischen Besatzungsgebietes* (Frankfurt, 1999).

Möllers, Bernhard, *Robert Koch: Persönlichkeit und Lebenswerk, 1843–1910* (Hanover, 1950).

Mommsen, W. J. (ed.), *The Emergence of the Welfare State in Britain and Germany* (London, 1981).

Montgomery, Bernhard L., *The Memoirs of Field-Marshal the Viscount Montgomery of Alamein* (London, 1958).

Moorehead, Caroline, *Dunant's Dream: War, Switzerland and the History of the Red Cross* (London, 1998).

Morgan, Frederick Edgworth, *Overture to Overlord* (London, 1950).

Morgenthau, Henry, *Germany Is Our Problem* (New York, 1945).

Moser, Gabriele, 'NS-Zwangssterilisation und "Erbpflege" in der Nachkriegsgesellschaft Bruchstücke aus der Geschichte der SBZ/DDR und Mecklenburg (-Vorpommerns), Zeitgeschichte regional', *Mitteilungen aus Mecklenburg-Vorpommern*, 1 (1998), 10–15.

—— 'Im Interesse der Volksgesundheit …': Sozialhygiene und öffentliches Gesundheitswesen in der Weimarer Republik und der frühen SBZ/DDR—ein Beitrag zur Sozialgeschichte des deutschen Gesundheitswesens im 20. Jahrhundert* (Frankfurt, 2002).

—— and Schmiedebach, H. P., 'Historische Traditionslinien öffentlicher Gesundheitspflege in Deutschland 1920–1955: Das Beispiel Vorpommern', *Das Gesundheitswesen*, 8/9 (1995), 603 ff.

Mosse, Werner E. (ed.), *Second Chance: 2 Centuries of German-Speaking Jews in the United Kingdom* (Tübingen, 1991).

Murphy, Robert, *Diplomat Among Warriors* (London, 1964).

Naimark, Norman, *The Russians in Germany: A History of the Soviet Zone of Occupation, 1945–1949* (1995; Cambridge, Mass., 1997).

Niethammer, Lutz, *Die Mitläuferfabrik: die Entnazifizierung am Beispiel Bayerns* (Berlin, 1982).

Nizer, Louis, *What to Do with Germany* (London, 1944).

Osmont, Matthieu, 'René Cheval (1918–1986), itinéraire d'un médiateur franco-allemand', *Relations internationales*, 2/126 (2006), 31–49.

Parsons, Talcott, *Essays in Sociological Theory Pure and Applied* (New York, rev. edn. 1954).

—— *The Structure of Social Action: A Study in Social Theory with Special Reference to a Group of Recent European Writers* (1937; New York, 1949).

—— and Shils, Edward (eds.), *Towards a General Theory of Action* (Cambridge, 1951).

Pearle, Kathleen M., *Preventive Medicine: The Refugee Physician and the New York Medical Community, 1933–1945* (Bremen, 1981).

Peters, Horst, *Die Geschichte der sozialen Versicherung* (2nd edn. Bonn, 1973).

Peterson, Edward N., *The American Occupation of Germany: Retreat to Victory* (Detroit, 1977).

Pieck, Wilhelm, and Ackermann, Anton, *Unsere kulturpolitische Sendung: Reden auf der Ersten Zentralen Kulturtagung der Kommunistischen Partei Deutschlands vom 3. bis 5. Februar 1946* (Berlin, 1946).

Piettre, André, *L'Économie allemande contemporaire (Allemagne occidentale) 1945–1952* (Paris, 1952)

Pike, David, *The Politics of Culture in Soviet-Occupied Germany, 1945–1949* (Stanford, Calif., 1992).

Plievier, Theodor, *Stalingrad: Roman* (Berlin, 10th edn. 1984).

—— *Berlin: A Novel* (London, 1956).

Podach, E. F., *Robert Koch* (Berlin and Leipzig, [1947]).

Porter, Dorothy, *Health, Civilisation and the State* (London, 1999).

——(ed.), *The History of Public Health and the Modern State* (Amsterdam, 1994).

——and Porter, Roy (eds.), *Doctors, Politics and Society: Historical Essays* (Amsterdam, 1993).

Pritzel, Konstantin, *Gesundheitswesen und Gesundheitspolitik in der Deutschen Demokratischen Republik* (West Berlin, 1978).

Proctor, Robert, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass., 1988).

Pronay, Nicholas, and Wilson, Keith (eds.), *The Political Reeducation of Germany and Her Allies* (London, 1985).

Pross, Christian, 'Breaking through the Postwar Cover-up of Nazi Doctors in Germany', *Journal of Medical Ethics*, 17 (Dec. 1991), 13–16.

Redeker, Franz, 'Magister in physica: Wo kommen wir her? Wo stehen wir? Wohin geht der Weg?', *Der öffentliche Gesundheitsdienst*, 11/5–6 (1950).

Redetzky, Hermann, 'Eine "allgemeine Poliklinik" in Schwerin', *Das Deutsche Gesundheitswesen*, 1/12 (15 June 1947), 392–3.

——*Entwicklung, Vereinheitlichung und Demokratisierung des öffentlichen Gesundheitswesens* (Berlin, 1950).

——and Winter, Kurt, 'Über die Anfänge des Gesundheitswesens nach 1945', *Zeitschrift für Ärztliche Fortbildung*, 53/19 (1959), 1150–8.

Renthe-Fink, Barbara von, 'Das Gesundheitswesen in der deutschen Ostzone', *Ärztliche Mittelungen*, 36 (1951), 98–102.

——*So alt wie das Jahrhundert: Lebensbericht einer Berliner Ärztin* (Frankfurt, 1982).

Reusch, Ulrich, *Deutsches Berufsbeamtentum und britische Besatzung: Planung und Politik 1943–1947* (Stuttgart, 1985).

Reynolds, David, 'Roosevelt, the British Left and the Appointment of John G. Winant as United States Ambassador to Britain in 1941', *International History Review*, 4 (1982), 393–413.

——'From World War to Cold War: The Wartime Alliance and Power Transitions, 1941–1947', *Historical Journal*, 45/1 (Mar. 2002), 211–28.

Röder, Werner, *Die deutschen sozialistischen Exilgruppen Großbritanniens* (Hanover, 1969).

——and Strauss, Herbert A. (eds.), *Biographisches Handbuch der deutschsprachigen Emigration nach 1933/International Biographical Dictionary of Central European Emigres 1933–1945*, 3 vols. (Munich and New York, 1980–3).

Roelcke, Volker, 'Die Entwicklung der Medizingeschichte seit 1945', *NTM: Schriftenreihe für Geschicht der Naturwissenschaften, Technik und Medizin*, 2 (1994), 193–216.

Rogge, Ralf, and Schulte, Armin (eds.), *Solingen im Bombenhagel—4. und 5. November 1944: Deutsche Städte im Bombenkrieg* (Gudensberg-Gleichen, 2003).

Roi, Michel, *Alternative to Appeasement: Sir Robert Vansittart and Alliance Diplomacy, 1934–1937* (London, 1997).

Roland, Charles G. (ed.), *Medicine without Compassion: Past and Present Fall Meeting at Cologne in September 1988* (Hamburg, 1992).

Rosenberg, Charles E. (ed.), *Healing and History: Essays for George Rosen* (New York, 1979).

Ross, Corey, *Constructing Socialism at the Grass-Roots: The Transformation of East Germany, 1945–1965* (London, 2000).

——*The East German Dictatorship: Problems and Perspectives in the Interpretation of the GDR* (London, 2002).

Rowse, A. L., *The End of an Epoch* (London, 1947).

Ruhm von Oppen, Beate (ed.), *Documents on Germany under the Occupation, 1945–1954* (London, 1955)

Michael Ruprecht, Thomas Michael, *Felix Boenheim: Arzt, Politiker, Historiker: eine Biographie* (Hildesheim, 1992).

Salomon, Ernst von, *The Answers of Ernst von Salomon to the 131 Questions in the Allied Military Government Fragebogen* (London, 1954) (1st pub. in German 1953).

Sauerbruch, Ferdinand, *Das war mein Leben* (Munich, 1951).

——*A Surgeon's Life* (London, 1953).

Schagen, Udo, and Schleiermacher, Sabine (eds.), *Sozialmedizin, Sozialhygiene und Public Health: Konzepte und Visionen zum Verhältnis von Medizin und Gesellschaft in historischer Perspektive* (Berlin, 2001)

Scharf, Claus, and Schröder, Hans-Jürgen (eds.), *Die Deutschlandpolitik Frankreichs und die französische Zone 1945–1949* (Wiesbaden, 1983).

Scheurig, Bodo, *Freies Deutschland: Das Nationalkomitee und der Bund Deutscher Offiziere in der Sowjetunion 1943–1945* (Cologne, 1984).

Schlemmer, Thomas, and Woller, Hans (eds.), *Bayern im Bund*, i. *Die Erschließung des Landes 1949 bis 1973* (Munich, 2001).

Schneider, Ullrich, *Britische Besatzungspolitik 1945: Besatzungsmacht, deutsche Exekutive und die Probleme der unmittelbaren Nachkriegszeit, dargestellt am Beispiel des späteren Landes Niedersachsen von April bis Oktober 1945* (PhD, University of Hanover, 1980).

——'Niedersachsen unter britischer Besatzung 1945: Besatzungsmacht, deutsche Verwaltung und die Probleme der unmittelbaren Nachkriegszeit', *Niedersächsisches Jahrbuch für Landesgeschichte*, 54 (1982), 254 ff.

Schoenhals, Kai, *The Free Germany Movement: A Case of Patriotism or Treason?* (London, 1989).

Scholz, Michael F., *Skandinavische Erfahrungen erwünscht? Nachexil and Remigration, Die ehemaligen KPD Emigranten in Skandinavien und ihr weiteres Schicksal in der SBZ/DDR* (Stuttgart, 2000).

Schroeder, Karl (ed.), *Geschichte der Transformation des SED-Staates: Beiträge und Analysen* (Berlin, 1994).

Schütt, Hans-Dieter, *Rot und Weiß: Gespräche mit Moritz Mebel* (Berlin, 1999).

Sebald, W. G., *On the Natural History of Destruction* (1999; London, 2003).

Seemann, Silke, *Die politische Säuberungen des Lehrkörpers der Freiburger Universität nach dem Ende des Zweiten Weltkriegs, 1945–1947* (Freiburg, 2002).

Seidler, Eduard, *Kinderärzte 1933–1945, entrechtet—geflohen—ermordet/Pediatricians: Victims of Persecution 1933–1945* (Bonn, 2000).

——*Die Medizinische Fakultät der Albert-Ludwigs-Universität Freiburg im Breisgau* (Berlin, 1993).

Senat von Berlin (ed.), *Berlin—Quellen und Dokumente, 1945–1951* (West Berlin, 1964).

Seydewitz, Max, *Es hat sich gelohnt zu leben: Lebenserinnerungen eines alten Arbeiterfunktionärs* (Berlin, 1976 and 1978).

SHAEF, *Handbook for Military Government in Germany prior to Defeat or Surrender (incorporating revision 1–20 December 1944)* (Washington, 1944).

——*Technical Manual for Public Health Officers* (prepared on 22 Nov. 1944, rev. 2 Feb. 1945).

Slusser, R. M. (ed.), *Soviet Economic Policy in Post-war Germany: A Collection of Papers by Former Soviet Officials* (New York, 1953).

Smith, Jean Edward (ed.), *The Papers of General Lucius D. Clay: Germany 1945–1949* (Bloomington, Ind., 1974).

Sons, Hans-Ulrich, ' "Bis in die psychologischen Wurzeln": die Entnazifizierung der Ärzte in Nordhein-Westphalen', *Deutsches Ärzteblatt*, 79 (1982), 70–6.

——*Gesundheitspolitik während der Besatzungszeit: Das öffentliche Gesundheitswesen in Nordrhein-Westfalen, 1945–1949* (Wuppertal, 1983).

Spaar, Horst, and Funke, Dietmar (eds.), *Dokumentation zur Geschichte des Gesundheitswesens der DDR*, i. *Die Entwicklung des Gesundheitswesens in der sowjetischen Besatzungszone, 1945–1949* (Berlin, 1996).

Später, Jörg, *Vansittart: Britische Debatten über Deutsche und Nazis, 1902–1945* (Göttingen, 2003).

Standifer, Leon, *Binding Up the Wounds: An American Soldier in Occupied Germany, 1945–1946* (Baton Rouge, La., 1997).

Stannard, David E., 'American Historians and the Idea of National Character: Some Problems and Prospects', *American Quarterly*, 23/2 (May 1971), 202–20.

Starr, Joseph R., *Denazification, Occupation and Control of Germany, March–July 1945* (1950; Salisbury, 1977).

Stein, Gottfried, *Thomas Mann und wir: Zwei Briefe zur deutschen Situation* (Essen, 1946).

Steinbach, Peter, 'Teufel Hitler, Beelzebub Stalin: Zur Kontroverse um die Darstellung des Nationalkomitees Freies Deutschland', *Zeitschrift für Geschichtswissenschaft*, 42/7 (1994), 651–61.

Steinert, Marlis, *Hitler's War and the Germans: Public Mood and Attitude During the Second World War* (Athens, OH., 1977).

Stephan, Alexander (ed.), *Americanisation and anti-Americanisation: The German Encounter with American Culture after 1945* (London, 2004).

Stimson, Henry L., and McBundy, George, *On Active Service in War and Peace* (New York, 1947).

Storelli, Commandant, et al. (eds.), *Jean de Lattre, Maréchal de France: Le Soldat, l'homme, le politique* (Paris, 1953).

Strang, William, *The Foreign Office* (London, 1955).

—— *Home and Abroad: An Autobiography* (London, 1956).

—— *The Diplomatic Career* (London, 1962).

Stüber, Gabriele, *Der Kampf gegen den Hunger 1945–1950: Die Ernährungslage in der britischen Zone Deutschlands, insbesondere Schleswig-Holstein und Hamburg* (Neumünster, 1984).

Summersby, Kathleen, *Eisenhower Was My Boss* (London, 1949).

Talmon, Jacob, *The Origins of Totalitarian Democracy* (London, 1952).

Taylor, A. J. P., *The Course of German History* (London, 1945).

Tennstedt, Florian, Pross, Christian, and Leibfried, Stephan (eds.), *Internationales Ärztliches Bulletin: Beträge zur Nationalsozialistischen Gesundheits- und Sozialpolitik*, vol. vii (Berlin, 1989).

Tent, James F., *Mission on the Rhine: Reeducation and Denazification in American-Occupied Germany* (Chicago, 1982).

Tetens, T. H., *Was will Hitler? Außenpolitik und letztes Schlußziel von Hitler eigenen Worten* (Basel, 1935).

—— *Know Your Enemy* (New York, 1944).

—— *The New Germany and the Old Nazis* (New York, 1961).

Teo, Hsu-Ming, 'The Continuum of Sexual Violence in Occupied Germany, 1945–1949', *Women's History Review*, 5/2 (1996), 191–218.

Thom, A., and Spaar, H. (eds.), *Medizin im Faschismus* (1983; Berlin, 1985).

Thorwald, Jürgen, *The Dismissal: The Last Days of Ferdinand Sauerbruch* (London, 1961).

Timm, Annette F., *The Politics of Fertility in Twentieth-Century Berlin* (New York, 2010).

Tokaev, G. A., *Comrade X* (London, 1956).

Tombs, Isabelle, 'The Victory of Socialist 'Vansittartism': Labour and the German Question, 1941–1945', *Twentieth Century British History*, 7/3 (1996), 287–309.

Trees, Wolfgang, Whiting, Charles, and Omansen, Thomas, *Drei Jahre nach Null: Geschichte der britischen Besatzungszone 1945–1948: Ein Bild/Text-Band* (Düsseldorf, 1979).

Trittel, Günter J., *Hunger und Politik: Die Ernährungskrise in der Bizone (1945–1949)* (Frankfurt, 1990).

Tutzke, D., 'Zur Wirksamkeit Ferdinand Sauerbruchs (1875–1951) in der Periode der antifaschistisch-demokratischen Umwälzung', *Z.gesamte Hyg.*, 31/5 (1985), 318–20.

Ueberschär, Gerd R. (ed.), *Das Nationalkomitee Freies Deutschland und der Bund Deutscher Offiziere* (Frankfurt, 1995).

Uhlig, Ralph (ed.), *Confidential Reports des Britischen Verbindungsstabes zum Zonenbeirat der britischen Besatzungszone in Hamburg (1946–1948)—Demokratisierung aus britischer Sicht* (Frankfurt am Main, 1993).

Unger, Hellmuth, *Virchow: Ein Leben für die Forschung* (Hamburg, 1953).

United States Strategic Bombing Survey, Morale Division, Medical Branch Report, *The Effect of Bombing on Health and Medical Care in Germany* (Washington, 30 October 1945).

Vagts, Alfred, 'Unconditional Surrender: vor und nach 1943', *Vierteljahreshefte für Zeitgeschichte*, 7 (1959), 279–309.

Vaillant, Jérôme (ed.), *Französische Kulturpolitik in Deutschland, 1945–1949: Berichte und Dokumente* (Konstanz, 1984)

——(ed.), *La Dénazification par les vainqueurs: La Politique culturelle des occupants en Allemagne 1945–1949* (Lille, 1981).

Vansittart, Robert, *Black Record: Germans Past and Present* (London, 1941).

—— *Lessons of My Life* (London, 1943).

—— *The German Octopus* (Win the Peace Pamphlet No. 2; London, 1945).

—— *Bones of Contention* (London, 1946).

—— *Events and Shadows: A Policy for the Remnants of the Century* (London, 1947).

—— *The Mist Procession: Autobiography* (London, 1958).

Vermeil, Edmond, *Germany's Three Reichs: Their History and Culture*, trans. E. W. Dickes (London, 1944).

Vernon, Philip, and Parry, John, *Personnel Selection in the British Forces* (London, 1949).

Vogt, Timothy, *Denazification in Soviet-occupied Germany: Brandenburg, 1945–1948* (Cambridge, Mass., 2000).

Vollnhals, Clemens (ed.), *Entnazifizierung: Politische Säuberung und Rehabilitierung in den vier Besatzungszonen 1945–1949* (Munich, 1991).

Walker, Patrick Gordon, *The Lid Lifts* (London, 1945).

Weber, Hermann (ed.), *DDR: Dokumente zur Geschichte der Deutschen Demokratischen Republik 1945–1985* (Munich, 1986).

Webster, Charles, *The Health Services Since the War*, i. *Problems of Health Care, the National Health Service Before 1957* (London, 1988).

Weindling, Paul, 'Weimar Eugenics: The Kaiser-Wilhelm Institute for Anthropology, Human Heredity and Eugenics in Social Context', *Annals of Science*, 42 (1985), 303–18.

—— *Health, Race and German Politics Between National Unification and Nazism, 1870–1945* (Cambridge, 1989).

—— 'Heinrich Zeiss, Hygiene and the Holocaust', in Dorothy and Roy Porter (eds.), *Doctors, Politics and Society: Historical Essays* (Amsterdam, 1993), 174–87.

—— 'Human Guinea Pigs and the Ethics of Experimentation: The BMJ's Correspondent at the Nuremberg Medical Trial', *British Medical Journal*, 313 (7 Dec. 1996), 1467–70.

—— *Epidemics and Genocide in Eastern Europe, 1890–1945* (Oxford, 2000), 396–7.

——'The Origins of Informed Consent: The International Scientific Commission of Medical War Crimes and the Nuremberg Code', *Bulletin of the History of Medicine*, 75/1 (Spring 2001), 37–71.

——*Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (Basingstoke, 2004).

Weiß, Dr Wilhelm, *Das Gesundheitswesen in der sowjetischen Besatzungszone, Bonner Berichte aus Mittel- und Ostdeutschland* (Bonn, 1952).

Weisz, Christoph (ed.), *OMGUS-Handbuch: Die amerikanische Militärregierung in Deutschland 1945–1949, Quellen und Darstellungen zur Zeitgeschichte*, vol. xxxv (Munich, 1994).

Weitz, Eric D., *Creating German Communism, 1890–1990: From Popular Protests to Socialist State* (Princeton, 1997).

Welty, Joel Carl, *The Hunger Year: In the French Zone of Germany* (Beloit, Wis., 1983).

Wendt, Bernd Jürgen (ed.), *Das britische Deutschlandbild im Wandel des 19. und 20. Jahrhunderts* (Bochum, 1984).

Wengst, Udo (ed.), *1945–1949—Die Zeit der Besatzungszonen: Sozialpolitik zwischen Kriegsende und der Gründung zweier deutscher Staaten* (Bonn, 2001).

Widdowson, Elsie M., 'Adventures in Nutrition over Half a Century', *Proceedings of the Nutrition Society*, 39 (1980), 293–306.

Wiesemann, C., and Frewer, A. (eds.), *Medizin und Ethik im Zeichen von Auschwitz* (Erlangen, 1996).

Wildt, Michael, *Der Traum vom Sattwerden: Hunger und Protest, Schwarzmarkt und Selbsthilfe* (Hamburg, 1986).

Wilke, Manfred (ed.), *Die Anatomie der Parteizentrale: Die KPD/SED auf dem Weg zur Macht* (Berlin, 1998).

Willis, F. Roy, *The French in Germany* (Stanford, Calif., 1962).

——*France, Germany and the New Europe, 1945–1967* (Stanford, Calif., new edn. 1968).

Winter, Irina, 'Der Verein Sozialistischer Ärzte: ein Beitrag zur Geschichte des Ärztestandes', *Zeitschrift für Ärztliche Fortbildung*, 58/19 (1964), 1140–3.

——'Zur Geschichte der Gesundheitspolitik der deutschen Arbeiterbewegung', *NTM: Schriftenreihe für Geschicht der Naturwissenschaften, Technik und Medizin*, 11/5 (1968), 93–100.

——'Zur Geschichte der Gesundheitspolitik der KPD in der Weimarer Republik', *Zeitschrift für ärztliche Fortbildung*, 67/9–10 (1973), 445–72 and 498–526.

Winter, Kurt, *Rudolf Virchow* (Leipzig, 1956).

Woelk, Wolfgang, and Vögele, Jörg (eds.), *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002).

Wolf, Emmi, and Pollatschek, Walter, *Wolf: Ein Lesebuch für unsere Zeit* (Berlin Ost, 1974).

Wolfe, Robert (ed.), *Americans as Proconsuls: United States Military Government in Germany and Japan, 1944–1952* (Carbondale, Ill., 1984).

Wolfrum, Edgar, Fäßler, Peter, and Grohnert, Reinhard (eds.), *Krisenjahre und Aufbruchszeit: Alltag und Politik im französisch besetzten Baden 1945–1949* (Munich, 1996).

Zhukov, Georgi K., *Reminiscences and Reflections*, 2 vols. (Moscow, 1985).

Ziemke, Earl F., *The U.S. Army in the Occupation of Germany, 1944–1946* (1975; Washington DC, 1990).

Zink, Harold, *American Military Government in Germany* (New York, 1947).

——*Government and Politics in the United States* (New York, 1947).

——*The United States in Germany: 1944–1955* (Princeton, 1957).

Index