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# Chapter 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.

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 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]

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.

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]

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]

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 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 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 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 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.

## Footnotes

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.

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).

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18 H. G. Hockerts, *Sozialpolitische Entscheidunge in Nachkriegsdeutschland: Alliierte und Deutsche Versicherungspolitik, 1945 bis 1957* (Stuttgart1981). 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).

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24 Weiß, *Das Gesundheitswesen*, 11.

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32 e.g. Klaus-Dietmar Henke, ‘Politik der Widersprüche: Zur Charakteristik der französischen Militärregierung 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.

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).

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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), 67–8410.1002/bewi.19840070202 [PubMed: 11629192] [CrossRef]. 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*.

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

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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) 45–7310.1163/156916103770892168 [CrossRef]. Heinz-Gerhard Haupt and Jürgen Kocka (eds.), *Comparative and Transnational History: Central European Approaches and New Perspectives* (Oxford, 2009).

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## Figures

### Figure 1.1.

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

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