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Reinisch J. *The Perils of Peace: The Public Health Crisis in Occupied Germany*. Oxford (UK): OUP Oxford; 2013 Jun 6.

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 American occupation directive JCS 1779, the creation of the Bizon 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.

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Footnotes

- 1 See Robert Gildea, *France Since 1945* (Oxford, 2002), 13 f.

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